**Day 1**

**Part I: Evening Questionnaire (filled in when you are going to sleep)**

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (evening): 03/02/2020

1. Compared to regular days, this day was:
	1. A low-activity day
	2. A regular activity day
	3. A high-activity day
2. Compared to regular days, this day was:
	1. A low stress day
	2. A regular stress day
	3. A high stress day
3. Compared to regular days, today I felt:
	1. Not overwhelmed at all
	2. A little overwhelmed
	3. Extremely overwhelmed
4. During the day I was:
	1. Healthy
	2. Not so healthy
	3. Sick
5. I consumed the following substances today:
	1. Caffeine
	2. Alcohol
6. Exact time of lights-off and getting into bed for the night:

10: 20 pm

1. Upon going to bed I was:
	1. Not tired
	2. Somewhat tired
	3. Very tired

Part II: Morning Questionnaire (filled in immediately after waking up)

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (morning): 03/03/2020

1. Morning rising time:

7 : 45 am

1. My sleep was:
	1. Excellent
	2. Good
	3. Somewhat disturbed
	4. Very bad
2. I felt asleep within:
	1. Less than 5 min
	2. 5-14 min
	3. 15-30 min
	4. More than 30 min
3. Did you wake up during the night (including short awakenings)?
	1. Yes
	2. No
		1. If yes, how many times? 3
4. In the morning, I woke up:
	1. Spontaneously
	2. By noise/disturbance
	3. By an alarm clock
	4. By another person
5. In the morning, I was:
	1. Very alert
	2. Slightly tired
	3. Very tired

**Day 2**

**Part I: Evening Questionnaire (filled in when you are going to sleep)**

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (evening): 03/03/2020

1. Compared to regular days, this day was:
	1. A low-activity day
	2. A regular activity day
	3. A high-activity day
2. Compared to regular days, this day was:
	1. A low stress day
	2. A regular stress day
	3. A high stress day
3. Compared to regular days, today I felt:
	1. Not overwhelmed at all
	2. A little overwhelmed
	3. Extremely overwhelmed
4. During the day I was:
	1. Healthy
	2. Not so healthy
	3. Sick
5. I consumed the following substances today:
	1. Caffeine
	2. Alcohol
6. Exact time of lights-off and getting into bed for the night:

9 : 45 pm

1. Upon going to bed I was:
	1. Not tired
	2. Somewhat tired
	3. Very tired

Part II: Morning Questionnaire (filled in immediately after waking up)

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (morning): 03/04/2020

1. Morning rising time:

7 : 45 am

1. My sleep was:
	1. Excellent
	2. Good
	3. Somewhat disturbed
	4. Very bad
2. I felt asleep within:
	1. Less than 5 min
	2. 5-14 min
	3. 15-30 min
	4. More than 30 min
3. Did you wake up during the night (including short awakenings)?
	1. Yes
	2. No
		1. If yes, how many times? 3
4. In the morning, I woke up:
	1. Spontaneously
	2. By noise/disturbance
	3. By an alarm clock
	4. By another person
5. In the morning, I was:
	1. Very alert
	2. Slightly tired
	3. Very tired

**Day 3**

**Part I: Evening Questionnaire (filled in when you are going to sleep)**

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (evening): 03/05/2020

1. Compared to regular days, this day was:
	1. A low-activity day
	2. A regular activity day
	3. A high-activity day
2. Compared to regular days, this day was:
	1. A low stress day
	2. A regular stress day
	3. A high stress day
3. Compared to regular days, today I felt:
	1. Not overwhelmed at all
	2. A little overwhelmed
	3. Extremely overwhelmed
4. During the day I was:
	1. Healthy
	2. Not so healthy
	3. Sick
5. I consumed the following substances today:
	1. Caffeine
	2. Alcohol
6. Exact time of lights-off and getting into bed for the night:

10 : 10 pm

1. Upon going to bed I was:
	1. Not tired
	2. Somewhat tired
	3. Very tired

Part II: Morning Questionnaire (filled in immediately after waking up)

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (morning): 03/06/2020

1. Morning rising time:

8 : 20 am

1. My sleep was:
	1. Excellent
	2. Good
	3. Somewhat disturbed
	4. Very bad
2. I felt asleep within:
	1. Less than 5 min
	2. 5-14 min
	3. 15-30 min
	4. More than 30 min
3. Did you wake up during the night (including short awakenings)?
	1. Yes
	2. No
		1. If yes, how many times? 2
4. In the morning, I woke up:
	1. Spontaneously
	2. By noise/disturbance
	3. By an alarm clock
	4. By another person
5. In the morning, I was:
	1. Very alert
	2. Slightly tired
	3. Very tired