**ESM 1**  Sleep Questionnaire

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| Questions | |
| 1 | How many hours do you, on average, sleep per day? |
| 2 | At what time do you usually go to bed? |
| 3 | At what time do you usually wake up? |
| 4 | Do you usually take naps during the day? |
| 5 | Approximately how long is your nap? |
| 6 | Do you often have difficulties falling asleep? |
| 7 | Do you wake up earlier than you want? |
| 8 | Do you often wake up after a short sleep and then have difficulty falling asleep again? |
| 9 | Do you often feel tired/ sleepy during the day? |
| 10 | Has anybody told you that you have any problems during sleep, like snoring, difficulty breathing, sleepwalking or others? |
| 11 | What kind of problems during sleep do you have? |
| 12 | How do you grade your sleep quality over the last six months? |