

Shift work questionnaire

[note: participant instructions for reminders] Please pick below what time (between 5:00-11:00) you would like to receive reminders to complete the questionnaires each day of the study

[note: they will see this language and 2 questionnaires on their dashboard] Available questionnaires: respiratory health questionnaire, shift work questionnaire

[note: there are little information circles that when you click them they say] More information, input format is HH:MM

[note: some test also that says] Thank you for answering the questionnaire, you have the following task to complete.

[note: some test also that says] Thank you for answering the questionnaire! There are no questionnaires or other tasks available at this moment.

[Note: Question 1 should be asked only on the 1st day]

1. Do you work night shifts (at least 4 hours between midnight and 06:00) or only daytime/day shifts?
 - a. Permanent day only
 - b. Night shift, either permanent or rotating

[Note: the following questions should be asked only 1x per day, but with 2 reminders]

2. *Reminder: please put on your heart rate monitor and use the app on your phone to start the daily heart rate recording.*

Have you put on your heart rate monitor and started the recording for today?

- a. Yes
 - b. No, but I will soon
 - c. I am not able to put it on today (i.e. I left it at home, etc.)

3. Did you work yesterday?
 - a. Yes
 - b. No, I had a day off

4. (For those responding night shift pattern to #1 and yes to #2) Did you work a night shift yesterday?
 - a. Yes
 - b. No

5. When did you get into bed yesterday?
 - a. HH:MM [0/15/30/45]

6. How long did it take you to fall asleep yesterday?
 - a. HH:MM [0/5/10/15, etc]

7. When did you wake up today?
 - a. HH:MM

8. Referring to your last sleep, how would you rate your sleep quality?
 - a. Terrible—excellent

9. Did you nap in the past 24 hours?
 - a. Yes
 - b. No

10. (For those responding yes to #8) How long of a nap did you take?
 - a. HH:MM

11. Did you or will you arrive at work today?
 - a. Yes
 - b. I am not working today

12. (If arriving at work today in question #11 above) At what time did you or will you *arrive* at work today?
 - a. HH:MM

13. (If arriving at work today in question #11 above) At what time did you or will you *leave* work today?
 - a. HH:MM

14. (If arriving at work today in question #11 above) Which mode of transport did you or will you use to commute to/from work today? (multiple options allowed if your commute consisted of multiple modes of transportation)
- Car
 - Bus
 - Train
 - Subway
 - Tram
 - Cycle
 - Walk
 - Other
15. (if arriving at work today in question #11 above) At what time did you arrive home today?
- HH:MM
16. Did you have a caffeinated beverage (such as coffee, tea, energy drink, caffeinated soda) in the last 24 hours?
- Yes
 - No
17. If yes, how many?
- #
18. Did you exercise in the last 24 hours (this includes vigorous activities such as heavy lifting or aerobic activity, moderate activities such as bicycling at a regular pace, and light activities such as walking and gardening/house work)?
- Yes
 - No

19. What intensity level of exercise did you do? For how long did you do this exercise? And, at what time of day did you complete this activity? [note: if above answer=yes]
- Vigorous (vigorous physical activities include heavy lifting, digging, aerobics, fast bicycling or other activities that take hard physical effort and make you breathe much harder than normal). Response in minutes
 - 17a1: What time did you complete this vigorous exercise? HH:MM [note: if above answer>0]
 - Moderate (moderate activities include carrying light loads, bicycling at a regular pace, doubles tennis or other activities that take moderate physical effort and make you breathe somewhat harder than normal). Response in minutes
 - 17b1: What time did you complete this moderate exercise? HH:MM [note: if above answer>0]
 - Light (Light activities require the least amount of effort such as walking slowly or light garden/house work.) Response in minutes
20. Overall in the last 24 hours, how anxious have you felt?
- not at all anxious --- extremely anxious
21. Overall in the last 24 hours, how depressed have you felt?
- not at all depressed-----most depressed

[Note: the following questions should be asked only 2x per day, with 2 reminders for each]

22. Have you had any meals or snacks in the last 12 hours?
- Yes
 - No
23. (if “yes” to question above) Was this a snack or a main meal?
- Snack
 - Breakfast
 - Lunch
 - Dinner
24. What time did you eat this snack or meal?
- HH:MM

25. Please indicate the category or categories of food you ate (multiple responses allowed):
- a. Fruits (juice is not included)
 - b. Vegetables- non-starchy (e.g. asparagus, cucumber, broccoli, pepper, etc., leafy greens, etc.)
 - c. Vegetables- starchy (e.g. potatoes, sweet potato, squash, etc.)
 - d. Whole grains (e.g. brown rice, whole wheat bread or pasta, oatmeal)
 - e. Refined grains (white rice, pasta, bread, refined breakfast cereals)
 - f. Nuts, seeds or legumes (includes products that are based from legumes/nuts and seeds like tofu, tempeh, tahini and vegan alternatives)
 - g. Dairy (e.g. cheese, butter, milk, cream, yogurt)
 - h. Fish
 - i. Red meat (e.g. from cow, lamb or pig)
 - j. Processed meat (e.g. salami, sausage, salted and cured meats)
 - k. Poultry (e.g. chicken, turkey, etc. (not red)) and eggs
 - l. "Fast food" or pre-prepared food (e.g. burgers, fried chicken pieces, French fries)
 - m. Sugar-sweetened beverages (e.g. soda, sweetened tea, commercial juice)
 - n. Cookies/pastries/candy
 - o. Other
 - p. Alcoholic drinks (wine, beer, spirit, other)
 - q. Coffee or tea
26. Have you had any other meals or snacks in the last 12 hours?
- a. Yes
 - b. No