SHUTi-CARE Baseline

Start of Block: Sociodemographic factors and care recipient condition

Q196
Welcome to the SHUTi CARE Study!

This questionnaire is designed to help us better understand sleep among family caregivers. Your responses are very important! Your participation will help us improve treatment for supporters with insomnia and sleep disturbance and determine how best to deliver that help. All of your responses are confidential.

Choose the response (number, phrase, rating) that best matches your answer choice.

Q1.1 What is your age?

- 18 (4)
- 19 (5)
- 20 (6)
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- ○ 84 (70)
- ○ 85 (71)
- ○ 86 (72)
- ○ 87 (73)
- ○ 88 (74)
- ○ 89 (75)
- ○ 90 or older (76)

Q1.2 What is your current gender identity? (choose all that apply)

- ☐ Male (1)
- ☐ Female (2)
- ☐ Transgender - trans man / female-to-male (4)
- ☐ Transgender - trans female / male-to-female (5)
- ☐ Genderqueer (6)
- ☐ Additional / Other (please specify) (3) _____
- ☐ I prefer not to say (7)

Q190 What sex were you assigned at birth on your original birth certificate?

- ○ Male (1)
- ○ Female (2)
- ○ Intersex (3)
- ○ I prefer not to say (4)

Q182 How would you describe your race? (choose all that apply)

- ☐ American Indian / Alaska Native (1)
- ☐ Asian (2)
- ☐ Native Hawaiian or Other Pacific Islander (3)
- ☐ Black or African American (4)
- ☐ White (5)
- ☐ Other (6) _____

Q184 Are you Hispanic or Latina/o?

- ○ Yes - I am Hispanic or Latina/o (1)
- ○ No - I am not (2)

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Q1.4 What is your current work status?

- ○ Employed - full-time (1)
- ○ Employed - part-time (2)
- ○ Unemployed but currently looking for employment (3)
- ○ Unemployed and not currently looking for employment (4)
- ○ Homemaker (5)
- ○ Student (6)
- ○ Retired (7)
- ○ Disabled (8)
- ○ Other (Please specify) (9)

_____

Q1.5 Household income

- ○ Less than $30,000 (1)
- ○ $30,000-$50,000 (2)
- ○ $50,000-$75,000 (3)
- ○ $75,000-$100,00 (4)
- ○ $100,000 or more (5)
- ○ Prefer not to answer (6)

Q184 How far did you go in school?

- Less than a high school degree (1)
- High school degree / GED (2)
- Associate's Degree (AA, AS, or other) / Technical Degree / Some college (3)
- Bachelor's Degree (BA, BS, or other) (4)
- Some graduate school (5)
- Graduate Degree (Masters, Doctoral degree, or other) (6)

Q1.6 Which one of these comes closest to your own feelings about your household's income these days?

- Living comfortably on present income (1)
- Getting by on present income (2)
- Finding it difficult on present income (3)
- Finding it very difficult on present income (4)

Q1.8 When you go to the doctor's office for your own health care appointments, how confident are you filling out forms by yourself?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Extremely (5)

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Q1.9 We'd like to know more about the help you are providing to one or more relatives or friends.

Q160
Altogether in total, how many adults do you currently help and how many children do you currently help because of a medical, behavioral, or other condition or disability?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 or more (6)

Display This Question:

If Altogether in total, how many adults do you currently help and how many children do you currently... != 1

Q161 For the next set of questions, please think about the person for whom you provide the **most** assistance.

Q1.10
This person who you are caring for is your:

- ○ Husband, wife, or spouse (1)
- ○ Boyfriend, girlfriend, or partner (2)
- ○ Father, mother (3)
- ○ Father-in-law, mother-in-law (4)
- ○ Sister, brother (5)
- ○ Sister-in-law, brother-in-law (6)
- ○ Son, daughter (7)
- ○ Son-in-law, daughter-in-law (8)
- ○ Grandparent (9)
- ○ Grandchild (10)
- ○ Cousin (11)
- ○ Friend (13)
- ○ Neighbor (12)
- ○ Other (14) _____

Q191 What is this person's age?

- Less than 1 year old (4)
- 1 (92)
- 2 (93)
- 3 (94)
- 4 (95)
- 5 (96)
- 6 (97)
- 7 (98)
- 8 (5)
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- ○ 85 (175)
- ○ 86 (176)
- ○ 87 (177)
- ○ 88 (178)
- ○ 89 (179)
- ○ 90 or older (180)

Q1.11
Where does this person live?

- ○ In your household (1)
- ○ Within 20 minutes of your home (2)
- ○ Between 20 minutes and 1 hour from your home (4)
- ○ One to two hours away from your home (5)
- ○ More than two hours away (6)

Display This Question:

If Where does this person live? = In your household

Q1.12 On a typical night, do you sleep in the same room as this person?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Where does this person live? != In your household

Q163 Which of the following best describes where this person lives?

- ○ Their own home (1)
- ○ Someone else's home (4)
- ○ An independent living or retirement community (5)
- ○ In an assisted living facility where some care may be provided (6)
- ○ A nursing care or long-term care facility (7)
- ○ A group home (8)
- ○ Other (9) _____

Q1.13 What is the **main** problem or illness this person has, for which they need your care?

- ADD, ADHD, Attention deficit disorder (26)
- Alzheimer's, dementia, confusion, or forgetfulness (1)
- Arthritis (2)
- Asthma (27)
- Autism or Autism Spectrum Disorder (28)
- Back problems (4)
- Blood pressure / hypertension (5)
- Brain damage or injury (6)
- Broken bones (7)
- Cancer (8)
- Developmental or intellectual disorder or disability (9)
- Diabetes (10)
- Feeble, unsteady, falling (11)
- Hearing loss / deafness (12)
- Heart disease or heart attack (13)
- Lung disease, emphysema, COPD (14)
- Mental illness, emotional illness, or depression (15)
- Mobility problem / can't get around (16)
- Old age, aging (17)
- Parkinson's (18)
- Stroke (19)

- ○ Substance, drug, or alcohol abuse (20)
- ○ Surgery, wounds (21)
- ○ Vision loss, blindness, can't see well (22)
- ○ Other (23)
- ○ Not sure (24)

Q1.14 How long have you been providing care to this person? Your best estimate is fine

Number of years (1)	○ 0 (1)	○ 1 (2)	○ 2 (3)	○ 3 (4)	○ 4 (5)	○ 5 (6)	○ 6 (7)	○ 7 (8)	○ 8 (9)
Number of months (2)	○ 0 (1)	○ 1 (2)	○ 2 (3)	○ 3 (4)	○ 4 (5)	○ 5 (6)	○ 6 (7)	○ 7 (8)	○ 8 (9)

End of Block: Sociodemographic factors and care recipient condition

Start of Block: Caregiving-related User Characteristics

Q3.1 Here are some statements about your energy level and the time it takes to do the things you have to do. How much does each statement describe you?

	Not at all (1)	Somewhat (2)	Quite a bit (3)	Completely (4)
You are exhausted when you go to bed at night (1)	○	○	○	○
You have more things to do than you can handle (2)	○	○	○	○
You don't have time just for yourself (3)	○	○	○	○
You work hard as a caregiver but never seem to make any progress (4)	○	○	○	○

Q3.2 Here are some thoughts and feelings that people sometimes have about themselves as caregivers. How much does each statement describe your thoughts about your caregiving? How much do you:

	Not at all (1)	Just a little (2)	Somewhat (3)	Very much (4)
Believe that you've learned how to deal with a very difficult situation (1)	○	○	○	○
Feel that all in all, you're a good caregiver (2)	○	○	○	○

Q3.3 Think now of all together: the daily ups and downs that you face as a caregiver; the job you are doing; and the ways you deal with the difficulties. Putting all these things together, how much do you feel...

	Not at all (1)	Just a little (2)	Fairly (3)	Very (4)
Competent (1)	○	○	○	○
Self-confident (2)	○	○	○	○

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Q164 Below is a list of some feelings and thoughts. Please tell us how often you have had these feelings and thoughts during the past few weeks:

	Never (1)	Rarely (2)	Sometimes (3)	Several times (4)	Always or almost always (5)
I have felt bad about having made some plan or done some activity without taking my relative into account (1)	○	○	○	○	○
I have felt guilty about the way I've sometimes behaved with my relative (8)	○	○	○	○	○
I have thought that I'm not doing things right with the person I'm caring for (11)	○	○	○	○	○
I have thought that, given the circumstances, I'm doing a good job as a caregiver (12)	○	○	○	○	○
When I've gone out to do some pleasant activity (e.g. eating out in a restaurant), I've felt guilty and unable to stop thinking that I should be caring for my relative (13)	○	○	○	○	○

I have felt bad about things I may have done wrong with the person I'm caring for (14)	○	○	○	○	○
I have thought that perhaps I'm not caring well for my relative (16)	○	○	○	○	○
I have felt bad about getting angry with the person I'm caring for (17)	○	○	○	○	○
I have felt bad about telling off the person I'm caring for, for some reason (18)	○	○	○	○	○
I've got angry with myself for having negative feelings toward the person I'm caring for (42)	○	○	○	○	○
I've found myself thinking that I'm not up to the job (19)	○	○	○	○	○
I have felt bad about not having more patience with the person I'm caring for (20)	○	○	○	○	○
I have felt bad about leaving my relative in the care of someone else	○	○	○	○	○

while I do my own things (e.g. work, shopping, going to the doctor) (21)					
I have felt bad for leaving my relative in the care of someone else while I had fun (22)	○	○	○	○	○
I have felt guilty about having so many negative emotions in relation to caring (26)	○	○	○	○	○
I have thought that the way I care for my relative may not be appropriate and may make his/her problem get worse (9)	○	○	○	○	○
I have felt guilty thinking that my lack of information and preparedness might mean that I'm not handling the care of my relative in the best way possible (55)	○	○	○	○	○

End of Block: Caregiving-related User Characteristics

Start of Block: Caregiving-related Environmental Characteristics

Display This Question:

If Altogether in total, how many adults do you currently help and how many children do you currently... != 1

Q192 For the next set of questions, please think again about the person for whom you provide the **most** assistance.

Q165 We would like to know more about the abilities and needs of the person you are helping. You may or may not be helping with these needs.

Please rate below what this person does (not what the person could do). Use of aids to be independent in a task is allowed, but need for supervision means the individual is not independent on a task.

Q175 a. Bowels

- Incontinent (or needs to be given enemas) (1)
- Occasional accident (once/week) (2)
- Continent (3)

Q176 b. Bladder

- incontinent, or catheterized and unable to manage (1)
- occasional accident (max once per 24 hours) (2)
- continent (for over 7 days) (3)

Q177 c. Grooming

- needs help with personal care (1)
- independent face/hair/teeth/shaving (3)

Q178 d. Toilet use

- dependent (1)
- needs some help, but can do something alone (3)
- independent (on and off, dressing, wiping) (4)

Q179 e. Feeding

- unable (1)
- needs help cutting, spreading butter, etc. (2)
- independent (food provided in reach) (3)

Q180 f. Transfer (bed to chair, and chair to bed)

- unable - no sitting balance (1)
- major help (one or two people, physical), can sit (2)
- minor help (verbal or physical) (3)
- independent (4)

Q181 g. Mobility (on flat surfaces)

- immobile (1)
- wheel chair independent including corners etc. (2)
- walks with help of one person (verbal or physical) (3)
- independent (but may use any aid, e.g. stick) (4)

Q182 h. Dressing

- dependent (1)
- needs help, but can do about half unaided (2)
- independent (including buttons, zips, laces, etc) (4)

Q183 i. Stairs

- unable (1)
- needs help (verbal, physical, carrying aid) (2)
- independent (3)

Q184 j. Bathing

- dependent (1)
- independent (or in shower) (2)

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Q166 Now, we'd like to ask you some questions about this person's memory and the difficulty that they may have doing some things. How difficult is it for this person to:

	Can't do at all (1)	Very difficult (2)	Fairly difficult (3)	Just a little difficult (4)	Not at all difficult (5)
Remember recent events (1)	○	○	○	○	○
Know what day of the week it is (2)	○	○	○	○	○
Remember their home address (3)	○	○	○	○	○
Remember words (4)	○	○	○	○	○
Understand simple instructions (5)	○	○	○	○	○
Find their way around the house (6)	○	○	○	○	○
Speak sentences (7)	○	○	○	○	○
Recognize people that they know (8)	○	○	○	○	○

Q167 In the past week, how many days did you personally have to deal with the following behaviors of the person you are caring for? On how many days did they:

	5 or more days (1)	3-4 days (2)	1-2 days (3)	No days (4)
Keep you up at night (1)	○	○	○	○
Repeat questions/stories (3)	○	○	○	○
Try to dress the wrong way (4)	○	○	○	○
Have a bowel or bladder "accident" (5)	○	○	○	○
Hide belongings and forget about them (6)	○	○	○	○
Cry easily (7)	○	○	○	○
Act depressed or downhearted (8)	○	○	○	○
Cling to you or follow you around (9)	○	○	○	○
Become restless or agitated (10)	○	○	○	○
Become irritable or angry (11)	○	○	○	○
Swear or use foul language (12)	○	○	○	○
Become suspicious, or believe someone is going to harm them (13)	○	○	○	○
Threaten people (14)	○	○	○	○

Show sexual behavior or interests at wrong time/place (15)	○	○	○	○

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Q170
Which of these do you help this person with?

(If your main care recipient is a child, please indicate which you help them with because they are less able to do this task than children of the same age without their condition).

Choose all that apply.

- [ ] Getting in and out of beds and chairs (1)
- [ ] Getting dressed (2)
- [ ] Getting to and from the toilet (3)
- [ ] Bathing or showering (4)
- [ ] By dealing with incontinence or diapers (5)
- [ ] By feeding them (6)
- [ ] None of the above (7)

Q172
Which of these do you help this person with?

(If your main care recipient is a child, please indicate which you help them with because they are less able to do this task than children of the same age without their condition).

Choose all that apply.

- [ ] By giving medicines, like pills or eye drops, for their condition (10)
- [ ] Managing finances, such as paying bills or filling out insurance claims (1)
- [ ] Grocery or other shopping (2)
- [ ] Housework, such as doing dishes, laundry, or straightening up (3)
- [ ] Preparing meals (4)
- [ ] Transportation, either by driving them, or helping them get transportation (5)
- [ ] Arranging outside services, such as nurses, home care aides, or meals-on-wheels (6)
- [ ] Advocating for them with health care providers, community services, or government agencies (7)
- [ ] Monitoring the severity of their condition so that you can adjust care accordingly (8)
- [ ] Communicating with health care professionals like doctors, nurses, or social workers about their care (9)
- [ ] None of the above (11)

Q174
Do you currently help this individual with MEDICAL OR NURSING TASKS, such as giving injections, preparing food for special diets, changing dressing on wounds, helping with catheters or tubes, monitoring equipment like oxygen tanks, or helping with assistive devices?

- ○ Yes (1)
- ○ No (2)

End of Block: Caregiving-related Environmental Characteristics

Start of Block: Insomnia symptom and SHUTi cognitive mechanisms assessment

Q5.1 For the next two questions, think about your current sleep difficulties.

Q5.6 How satisfied/dissatisfied are you with your current sleep pattern?

- ○ Very Satisfied (0)
- ○ Satisfied (1)
- ○ Neutral (2)
- ○ Dissatisfied (3)
- ○ Very Dissatisfied (4)

Q5.7 To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?

- ○ Not at all Interfering (0)
- ○ A Little (1)
- ○ Somewhat Interfering (2)
- ○ Much (3)
- ○ Very Much Interfering (4)

Page Break

Q5.10 Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, select the answer that corresponds to your own personal belief. Please respond to all items even though some may not apply directly to your own situation.

Q5.11 1. I need 8 hours of sleep to feel refreshed and function well during the day.

- Strongly Disagree0 (1)
- 1 (3)
- 2 (4)
- 3 (5)
- 4 (6)
- 5 (7)
- 6 (8)
- 7 (12)
- 8 (15)
- 9 (16)
- Strongly Agree10 (17)

Q5.12 2. When I don't get the proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.13 3. I am concerned that chronic insomnia may have serious consequences on my physical health.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.14 4. I am worried that I may lose control over my abilities to sleep.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.15 5. After a poor night’s sleep, I know that it will interfere with my daily activities on the next day.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.16 6. In order to be alert and function well during the day, I believe I would be better off taking a sleeping pill rather than having a poor night’s sleep.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.17 7. When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.18 8. When I sleep poorly on one night, I know it will disturb my sleep schedule for the whole week.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.19 9. Without an adequate night’s sleep, I can hardly function the next day.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.20 10. I can’t ever predict whether I’ll have a good or poor night’s sleep.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.21 11. I have little ability to manage the negative consequences of disturbed sleep.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.22 12. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.23 13. I believe insomnia is essentially the result of a chemical imbalance.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.24 14. I feel insomnia is ruining my ability to enjoy life and prevents me from doing what I want.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.25 15. Medication is probably the only solution to sleeplessness.

- Strongly Disagree0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 (9)
- 9 (10)
- Strongly Agree10 (11)

Q5.26 16. I avoid or cancel obligations (social, family) after a poor night's sleep.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

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Q5.29 For each statement below, please indicate how strongly you agree or disagree.

	Strongly Disagree 1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Strongly Agree 6 (6)
If I take care of myself, I can avoid insomnia. (1)	○	○	○	○	○	○
Whether I have insomnia is entirely up to me. (2)	○	○	○	○	○	○
Good sleep is largely a matter of luck. (3)	○	○	○	○	○	○
No matter what I do, if I am going to have a sleepless night, I will. (4)	○	○	○	○	○	○
When I have insomnia, I know it is because of something I have done (e.g., not enough time to relax, worrying about things that I can't control, worrying about not sleeping). (5)	○	○	○	○	○	○
People who never get insomnia are just plain lucky. (6)	○	○	○	○	○	○

People's insomnia results from their own carelessness. (7)	○	○	○	○	○	○
I am directly responsible for my sleep. (8)	○	○	○	○	○	○

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Q193 Did you have sleep difficulties before you provided care as a caregiver?

- ○ No - I did not have much sleep difficulty before I was a caregiver (1)
- ○ A little - I had some sleep difficulty (2)
- ○ Yes - I had sleep difficulties before I was a caregiver (3)

Q194 How much do you think caregiving is responsible for your current sleep difficulties?

- ○ Not at all (1)
- ○ A little (2)
- ○ A moderate amount (3)
- ○ A lot (4)
- ○ Completely (5)

End of Block: Insomnia symptom and SHUTi cognitive mechanisms assessment

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Start of Block: Global Physical and Mental Health

Q185 In general, how would you rate your physical health?

- ○ Excellent (1)
- ○ Very good (2)
- ○ Good (3)
- ○ Fair (4)
- ○ Poor (5)

Q186 To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- ○ Completely (1)
- ○ Mostly (2)
- ○ Moderately (3)
- ○ A little (4)
- ○ Not at all (5)

Page Break

Q189 Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious, or on edge (1)	○	○	○	○
Not being able to stop or control worrying (2)	○	○	○	○
Little interest or pleasure in doing things (3)	○	○	○	○
Feeling down, depressed, or hopeless (4)	○	○	○	○

End of Block: Global Physical and Mental Health

Start of Block: Payment

Q195

Thank you for completing this questionnaire! We ask that you next complete the 10 daily sleep diaries - you will receive more information about that by email.

Once you complete these diaries, you will be eligible to receive a $40 online gift certificate. Please select which gift card you would prefer:

- ○ AMC Theatres (1)
- ○ Apple (41)
- ○ Bass Pro Shops (3)
- ○ Bath & Body Works (4)
- ○ Brinker International (6)
- ○ Caribou Coffee (8)
- ○ Columbia Sportswear (10)
- ○ Darden Restauraunts (12)
- ○ Fandango (14)
- ○ Athleta.com (16)
- ○ Banana Republic (17)
- ○ Gap Options (18)
- ○ Old Navy (19)
- ○ Piperlime.com (20)
- ○ Hot Topic (22)
- ○ IHOP Restauraunts (23)

- ○ Kohl's (26)
- ○ Panera Bread (28)
- ○ Papa John's (30)
- ○ Redbox (31)
- ○ Regal Entertainment (32)
- ○ Sephora (36)
- ○ Starbucks (37)
- ○ Staples (38)
- ○ Steak n Shake (39)
- ○ Target (42)
- ○ The Cheesecake Factory (43)
- ○ The Home Depot (44)
- ○ Walmart (40)

End of Block: Payment