National Couples’ Health and Time Study (NCHAT), United States, 2020-2021

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English Questionnaire for Time Diary Data

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Directions: For the next 24 hours, we’d like you to keep a detailed record of how you spend your time. You will be reporting everything you’ve done from 4 am on <START DAY> to 4 am on <END DAY>. You can login to the survey as many times as you want to enter your activities, but we’ll remind you every 4 hours to enter your activities.

Intro
We’ll ask you to enter each activity you did during the day, and the time you started and ended that activity. Then we’ll ask a few more questions about each activity you did, like:
• were you doing anything else;
• where you were;
• who was doing the activity with you,
• who else was there;
• and some follow-up questions.

Q80
First, we will ask you about all members of your household who live there most of the time. We will ask you to use initials (first letter of their first name and first letter of their last name) to identify members of your household.

If two or more members of your household have the same first and last initial, indicate the difference between them by also using their middle initials or by numbering them 1, 2, etc. For example, if two members of their household have AB as their initials, you could label them ACB (if their middle name begins with C) and ADB (if their middle name begins with D) or AB1 and AB2.

Q100
Including yourself, how many people live in your household?
   a. 1 [SKIP Q ConfHH]
   b. 2
   c. 3
   d. 4
   e. 5
   f. 6
   g. 7
   h. 8
   i. 9
   j. 10
   k. 11
   l. 12
   m. 13
   n. 14
   o. 15 or more

CONFQ100
You said there are <RESPONSE FROM Q100> people, including yourself, living in your household. Is this correct? PROGRAMMER: FORCE RESPONSE
   a. Yes
   b. No [RETURN TO Q80]
Q100A  What are your initials?
   <TEXT ENTRY>

HH1-14  [FOR NUMBER OF HOUSEHOLD MEMBERS MINUS ONE (Q100-1)] What are the initials for household member # <2-15>?
   <TEXT ENTRY>

HHi1-14  [FOR NUMBER OF HOUSEHOLD MEMBERS MINUS ONE (Q100-1)] Which of the following best describes your relationship with [INSERT INITIALS FROM HH1-14]?
   a. My spouse/wife/husband
   b. My partner/boyfriend/girlfriend
   c. My biological child
   d. My adopted child
   e. My spouse/partner’s child
   f. My non-biological child
   g. My foster child
   h. My grandchild
   i. My parent
   j. My stepparent My spouse/partner’s parent
   k. My sibling
   l. My spouse/partner’s sibling
   m. My other family member or relative
   n. My spouse/partner’s other family member or relative
   o. Friend (no family relation)
   p. Roommate (no relation)
   q. Other

ConfHH  Are the following relationships correct? Select those that may need to be updated.
   a. [FOR EACH HOUSEHOLD MEMBER] <RELATIONSHIP> - <INITIALS>
   b. All household members are recorded correctly

   [IF NONE SELECTED, SKIP TO Q1]

[FOR EACH SELECTION FROM ConfHH]

REHHI  You entered: <RELATIONSHIP> - <INITIALS>
   Please reenter the initials of this household member.
   <TEXT ENTRY>

Re-EnterHHR2  Which of the following best describes your relationship with this household member?
   a. My spouse/wife/husband
   b. My partner/boyfriend/girlfriend
   c. My biological child
   d. My adopted child
e. My spouse/partner’s child
f. My non-biological child
g. My foster child
h. My grandchild
i. My parent
j. My stepparent My spouse/partner’s parent
k. My sibling
l. My spouse/partner’s sibling
m. My other family member or relative
n. My spouse/partner’s other family member or relative
o. Friend (no family relation)
p. Roommate (no relation)
q. Other

HHg1-14 [FOR NUMBER OF HOUSEHOLD MEMBERS MINUS ONE (Q100-1)] What is the gender of: [INSERT INITIALS FROM HH1-14]?
a. Man/Boy
b. Woman/Girl
c. Trans man/Trans boy
d. Trans woman/Trans girl
e. Nonbinary
f. Do not identify as any of the above

HHa1-14 [FOR NUMBER OF HOUSEHOLD MEMBERS MINUS ONE (Q100-1)] What is the age of: [INSERT INITIALS FROM HH1-14]?
a. 0-2
b. 3-4
c. 5-9
d. 10-17
e. 18 or older

Q1 What were you doing at 4 am today?

Sleeping/Napping
a. Sleeping/napping [NOTE: IF THIS IS SELECTED, SKIP TO Q.1._1]

Personal Care
b. Grooming/personal care (showering, getting dressed, getting haircut, etc.)
c. Attending a medical appointment/taking medicine (going to the doctor or dentist, attending therapy or mental health appointment, etc.)
d. Doing or attending a health-related activity

Food/Drink
e. Eating
f. Cooking/baking
g. Drinking alcohol
- Ordering/picking up food

**Working**
- Working
- Attending a work event
- Checking work emails or messages
- Looking for work/working on job applications or materials

**Childcare Activities**
- Caring for child(ren)/bathing child/putting child to bed/helping with homework/schooling
- Playing/reading/spending time with child(ren)
- Dropping/picking up child(ren) for school, childcare, or activity
- Attending a child(ren)s event

**Household/Repair**
- Cleaning/doing laundry
- Doing home improvement or vehicle maintenance
- Paying bills
- Scheduling appointments

**Pet/Animal Care**
- Taking care of or spending time with pet(s) (playing with pet, taking pet to vet, etc.)

**Traveling**
- Driving/traveling (flying, biking, public transportation, etc.)

**Socializing, Relaxing, or Leisure**
- On your phone or device
- Watching a TV show or movie
- Listening to music, audiobook, podcast, etc.
- Reading
- Attending a religious service or activity
- Socializing/spending time with someone
- Making love, having sex, or doing something sex-related (cuddling, kissing, etc.)
- Playing games or video games
- Relaxing/thinking/daydreaming

**Shopping/Running errands**
- Running errands (banking, grocery shopping, getting gas, etc.)
- Shopping (online or in-store)

**Smoking/Vaping/Drugs**
- Vaping
- Smoking cigarettes
- Smoking cigars
- Smoking marijuana/weed
- Doing drugs

**Education**
- Studying or attending school (studying, homework, attending class, online class, etc.)

**Providing care for an adult**
- Providing care for an adult

**Exercising/Other physical activity**
- Exercising/other physical activity

**Volunteering**
- Volunteering

**Other**
- Don't know/can't remember
Q6 What else were you doing at the same time?

[REMOVE RESPONSE OPTION FROM Q1]

Nothing
   a. Nothing [NOTE: IF THIS IS SELECTED, THERE SHOULD BE NO “and <RESPONSE FROM Q6>” in Q7.2-Q15.2]

Sleeping/Napping
   b. Sleeping/napping

Personal Care
   c. Grooming/personal care (showering, getting dressed, getting haircut, etc.)
   d. Attending a medical appointment/taking medicine (going to the doctor or dentist, attending therapy or mental health appointment, etc.)
   e. Doing or attending a health-related activity

Food/Drink
   f. Eating
   g. Cooking/baking
   h. Drinking alcohol
   i. Ordering/picking up food

Working
   j. Working
   k. Attending a work event
   l. Checking work emails or messages
   m. Looking for work/Working on job applications or materials

Childcare Activities
   n. Caring for child(ren)/bathing child/putting child to bed/helping with homework/schooling
   o. Playing/reading/spending time with child(ren)
   p. Dropping/picking up child(ren) for school, childcare, or activity
   q. Attending a child(ren)s event

Household/Repair
   r. Cleaning/doing laundry
   s. Doing home improvement or vehicle maintenance
   t. Paying bills
   u. Scheduling appointments

Pet/Animal Care
   v. Taking care of or spending time with pet(s) (playing with pet, taking pet to vet, etc.)

Traveling
   w. Driving/traveling (flying, biking, public transportation, etc.)

Socializing, Relaxing, or Leisure
   x. On your phone or device
   y. Watching a TV show or movie
   z. Listening to music, audiobook, podcast, etc.
   aa. Reading
   bb. Attending a religious service or activity
   cc. Socializing/spending time with someone
   dd. Making love, having sex, or doing something sex-related (cuddling, kissing, etc.)
   ee. Playing games or video games
   ff. Relaxing/thinking/daydreaming

Shopping/Running errands
   gg. Running errands (banking, grocery shopping, getting gas, etc.)
   hh. Shopping (online or in-store)

Smoking/Vaping/Drugs
ii. Vaping
jj. Smoking cigarettes
kk. Smoking cigars
ll. Smoking marijuana/weed
mm. Doing drugs

Education
nn. Studying or attending school (studying, homework, attending class, online class, etc.)

Providing care for an adult
oo. Providing care for an adult

Exercising/Other physical activity
pp. Exercising/other physical activity

Volunteering
qq. Volunteering

Other
rr. Don’t know/can’t remember

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  NEW SCREEN  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IF “DRINKING ALCOHOL” IS SELECTED IN Q1 OR Q6, ASK:

Q07 How many alcoholic beverages did you consume? (PROGRAMMER: NUMERICAL DROPDOWN)
   1-24
   25 or more

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  NEW SCREEN  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Q7.1/Q7.2 Who was there while you were <RESPONSE FROM Q1> and <RESPONSE FROM Q6>?  
   a. No one/Alone [PROGRAMMER: EXCLUSIVE] [PROGRAMMER: SKIP 8.2]  
   b. [FOR EACH HOUSEHOLD MEMBER] <RELATIONSHIP> - <INITIALS>
   c. Parent(s) who does/do not live in my household
   d. Step-parent(s) who does/do not live in my household
   e. In-law(s) who does/do not live in my household
   f. Other family member 18 and older
   g. Other family member under the age of 18
   h. My friend(s)
   i. My coworker(s)
   j. Someone else

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  NEW SCREEN  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Q8.1/Q8.2 Which of these people were directly involved in <RESPONSE FROM Q1> and <RESPONSE FROM Q6> with you?  
   a. [FOR EACH HOUSEHOLD MEMBER] <RELATIONSHIP> - <INITIALS>
   b. Parent(s) who does/do not live in my household
   c. Step-parent(s) who does/do not live in my household
   d. In-Law(s) who does/do not live in my household
   e. Other family member 18 and older
   f. Other family member under the age of 18
   g. My friend(s)
   h. My coworker(s)
   i. Someone else
   j. None of these people (exclusive)
Q9.1/Q9.2 Where were you when you were <RESPONSE FROM Q1> and <RESPONSE FROM Q6>?
   a. Inside your home
   b. Outside your home (patio, yard, etc.)
   c. Your workplace
   d. Car, truck, or motorcycle
   e. School
   f. Grocery store
   g. Mall/other store
   h. Someone else's home
   i. Restaurant or bar
   j. Restaurant drive-thru
   k. Gym/health club
   l. Outdoors away from home
   m. Place of worship (church/synagogue/temple/mosque/chapel)
   n. Library, bank or post office
   o. Doctor’s office or hospital
   p. Bus
   q. Subway/train
   r. Boat/ferry
   s. Airplane
   t. Other place
   u. Other mode of transportation

[PROGRAMMER: IF car, truck, or motorcycle) SELECTED IN Q9, ASK; ASK:]  
Q9B_1 Were you driving or were you a passenger?
   a. Driver
   b. Passenger

[ALL IN Q9B_1, SKIP TO Q2.1_L1]

Q10 Were you using a (another) device such as a smartphone, tablet, or laptop during this activity?
   a. Yes
   b. No

T_Q11 For the following questions, please use a scale from 0 to 6, where 0 means you did not have this feeling at all and 6 means the feeling was very strong

T_Q11.1/T_Q11.1 From 0 to 6, how happy did you feel while <RESPONSE FROM Q1> and <RESPONSE FROM Q6>, where 0 means not at all happy and 6 means very happy?
   a. 0 – Not happy at all
   b. 1
   c. 2
   d. 3
T_Q13.1/T_Q13.1 From 0 to 6, how stressed did you feel while <RESPONSE FROM Q1> and <RESPONSE FROM Q6>, where 0 means not stressed at all and 6 means very stressed?
   a. 0 – Not stressed at all
   b. 1
   c. 2
   d. 3
   e. 4
   f. 5
   g. 6 – Very stressed

T_Q15.1/T_Q15.1 From 0 to 6, how engaged did you feel while <RESPONSE FROM Q1> and <RESPONSE FROM Q6>, where 0 means not at all engaged and 6 means very engaged?
   a. 0 – Not at all engaged
   b. 1
   c. 2
   d. 3
   e. 4
   f. 5
   g. 6 – Very engaged

Q2 What time did you stop <SELECTION FROM Q1> and <SELECTION FROM Q6>? If have not yet completed [activity], please return when you have finished and enter your end time.
   a. <START DAY> 4:00 AM
      …etc…
   b. <START DAY> 11:50 PM
   c. <END DAY> 12:00 AM
   d. <END DAY> 12:10 AM
      …etc…
   e. <END DAY> 3:50 AM
   f. <END DAY> 4:00 AM or later [SKIP TO Q24]

2_Q1 You said your last activity <SELECTION FROM Q1> and <SELECTION FROM Q6> ended at <SELECTION FROM Q2>? What did you do next?
   a. Sleeping/Napping [NOTE: IF THIS IS SELECTED, SKIP 2_Q6, 2_Q07 _1, 2_Q8./ 2_Q8.2, 2_Q10, 2_T_Q11, 2_Q11.1/2_Q11.2, 2_Q13.1/2_Q13.2, 2_Q15.1/2_Q15.2]
   b. Grooming/Personal Care (showering, getting dressed, getting haircut, etc.)
   c. Attending a medical appointment/taking medicine (going to the doctor or dentist, attending therapy or mental health appointment, etc.)
   d. Doing or attending a Health-related activity
   Food/Drink
   e. Eating
   f. Cooking/Baking
   g. Drinking alcohol
   h. Ordering/picking up food
Working
  i. Working
  j. Attending a work event
  k. Checking work emails or messages
  l. Looking for work/Working on job applications or materials

Childcare Activities
  m. Caring for child(ren)/bathing child/putting child to bed/helping with homework/schooling
  n. Playing/Reading/Spending time with child(ren)
  o. Dropping/Picking up child(ren) for school, childcare, or activity
  p. Attending a child(ren)s event

Household/Repair
  q. Cleaning/Doing laundry
  r. Doing home improvement or vehicle maintenance
  s. Paying bills
  t. Scheduling appointments

Pet/Animal Care
  u. Taking care of or spending time with pet(s) (playing with pet, taking pet to vet, etc.)

Traveling
  v. Driving/traveling (flying, biking, public transportation, etc.)

Socializing, Relaxing, or Leisure
  w. On your phone or device
  x. Watching a TV show or movie
  y. Listening to music, audiobook, podcast, etc.
  z. Reading
     aa. Attending a religious service or activity
     bb. Socializing/spending time with someone
     cc. Making love, having sex, or doing something sex-related (cuddling, kissing, etc.)
     dd. Playing games or video games
     ee. Relaxing/thinking/daydreaming

Shopping/Running errands
  ff. Running errands (banking, grocery shopping, getting gas, etc.)
  gg. Shopping (online or in-store)

Smoking/Vaping/Drugs
  hh. Vaping
  ii. Smoking cigarettes
  jj. Smoking cigars
  kk. Smoking marijuana/weed
  ll. Doing drugs

Education
  mm. Studying or attending school (studying, homework, attending class, online class, etc.)

Providing care for an adult
  nn. Providing care for an adult

Exercising/Other physical activity
  oo. Exercising/Other physical activity

Volunteering
  pp. Volunteering

Other
  qq. Don’t know/Can’t remember [2_Q2]

2_Q6 What else were you doing at the same time?
[REMOVE RESPONSE OPTION FROM Q2_Q1]
Nothing
   a. Nothing [NOTE: IF THIS IS SELECTED, THERE SHOULD BE NO “and <RESPONSE FROM Q250>” in Q252-Q265]
Sleeping/Napping
   b. Sleeping/Napping
Personal Care
   c. Grooming/Personal Care (showering, getting dressed, getting haircut, etc.)
   d. Attending a medical appointment/taking medicine (going to the doctor or dentist, attending therapy or mental health appointment, etc.)
   e. Doing or attending a Health-related activity
Food/Drink
   f. Eating
   g. Cooking/Baking
   h. Drinking alcohol
      i. Ordering/picking up food
Working
   j. Working
   k. Attending a work event
   l. Checking work emails or messages
   m. Looking for work/Working on job applications or materials
Childcare Activities
   n. Caring for child(ren)/bathing child/putting child to bed/helping with homework/schooling
   o. Playing/Reading/Spending time with child(ren)
   p. Dropping/Picking up child(ren) for school, childcare, or activity
   q. Attending a child(ren)s event
Household/Repair
   r. Cleaning/Doing laundry
   s. Doing home improvement or vehicle maintenance
   t. Paying bills
   u. Scheduling appointments
Pet/Animal Care
   v. Taking care of or spending time with pet(s) (playing with pet, taking pet to vet, etc.)
Traveling
   w. Driving/traveling (flying, biking, public transportation, etc.)
Socializing, Relaxing, or Leisure
   x. On your phone or device
   y. Watching a TV show or movie
   z. Listening to music, audiobook, podcast, etc.
   aa. Attending a religious service or activity
   bb. Socializing/spending time with someone
   cc. Making love, having sex, or doing something sex-related (cuddling, kissing, etc.)
   dd. Playing games or video games
   ee. Relaxing/thinking/daydreaming
Shopping/Running errands
   ff. Running errands (banking, grocery shopping, getting gas, etc.)
   gg. Shopping (online or in-store)
Smoking/Vaping/Drugs
   hh. Vaping
   ii. Smoking cigarettes
   jj. Smoking cigars
   kk. Smoking marijuana/weed
   ll. Doing drugs
Education
   mm. Studying or attending school (studying, homework, attending class, online class, etc.)
Providing care for an adult
nn. Providing care for an adult
Exercising/Other physical activity
oo. Exercising/Other physical activity
Volunteering
pp. Volunteering
Other
qq. Don’t know/Can’t remember

IF “DRINKING ALCOHOL” IS SELECTED IN Q248 OR Q250, ASK:
2_Q07_1 How many alcoholic beverages did you consume? (PROGRAMMER: NUMERICAL DROPDOWN)
1-24
25 or more

2_Q7.1/2_Q7.2 Who was there while you were <RESPONSE FROM Q248> and <RESPONSE FROM Q250>?
  a. No one/ Alone [PROGRAMMER: EXCLUSIVE] [SKIP TO Q542]
  b. [FOR EACH HOUSEHOLD MEMBER] <RELATIONSHIP> - <INITIALS>
  c. Parent(s) who does/do not live in my household
  d. Step-parent(s) who does/do not live in my household
  e. In-law(s) who does/do not live in my household
  f. Other family member 18 and older
  g. Other family member under the age of 18
  h. My friend(s)
  i. My coworker(s)
  j. Someone else

2_Q8./ 2_Q8.2 Which of these people were directly involved in <RESPONSE FROM Q248> and <RESPONSE FROM Q250> with you?
  a. [FOR EACH HOUSEHOLD MEMBER] <RELATIONSHIP> - <INITIALS>
  b. Parent(s) who does/do not live in my household
  c. Step-parent(s) who does/do not live in my household
  d. In-law(s) who does/do not live in my household
  e. Other family member 18 and older
  f. Other family member under the age of 18
  g. M friend(s)
  h. My coworker(s)
  i. Someone else
  j. None of these people

2_Q9.1/2_Q9.2 Where were you when you were <RESPONSE FROM Q248> and <RESPONSE FROM Q250>?
  a. Inside your home
  b. Outside your home (patio, yard, etc.)
  c. Your workplace
  d. Car, truck, or motorcycle
e. School
f. Grocery store
g. Mall/other store
h. Someone else’s home
i. Restaurant or bar
j. Restaurant drive-thru
k. Gym/health club
l. Outdoors away from home
m. Place of worship (church/synagogue/temple/mosque/chapel)
n. Library, bank or post office
o. Doctor’s office or hospital
p. Bus
q. Subway/train
r. Boat/ferry
s. Airplane
t. Other place
u. Other mode of transportation

2_Q10 Were you using a (another) device such as a smartphone, tablet, or laptop during this activity?
   c. Yes
d. No

2_T_Q11 For the following questions, please use a scale from 0 to 6, where 0 means you did not have this feeling at all and 6 means the feeling was very strong

2_Q11.1/2_Q11.2 From 0 to 6, how happy did you feel while "<<RESPONSE FROM Q248>> and "<<RESPONSE FROM Q250>>", where 0 means not at all happy and 6 means very happy?
   h. 0 – Not happy at all
   i. 1
   j. 2
   k. 3
   l. 4
   m. 5
   n. 6 – Very happy

2_Q13.1/2_Q13.2 From 0 to 6, how stressed did you feel while "<<RESPONSE FROM Q248>> and "<<RESPONSE FROM Q250>>", where 0 means not stressed at all and 6 means very stressed?
   h. 0 – Not stressed at all
   i. 1
   j. 2
   k. 3
   l. 4
   m. 5
   n. 6 – Very stressed

2_Q15.1/2_Q15.2 From 0 to 6, how engaged did you feel while "<<RESPONSE FROM Q248>> and "<<RESPONSE FROM Q250>>" where 0 means not at all engaged and 6 means very engaged?
   h. 0 – Not at all engaged
   i. 1
2. You said that you began <SELECTION FROM 2_Q1> and <SELECTION FROM 2_Q6> at <TIME>. What time did you stop <SELECTION FROM 2_Q1> and <SELECTION FROM 2_Q6>? If you have not yet completed [activity], please return when you have finished and enter your end time.

   a. <START DAY> 4:00 AM
   b. <START DAY> 4:10 AM
   c. <START DAY> 4:20 AM
   d. <START DAY> 4:30 AM
   ...etc...
   e. <START DAY> 11:50 PM
   f. <END DAY> 12:00 AM
   g. <END DAY> 12:10 AM
   ...etc...
   h. <END DAY> 3:50 AM
   i. <END DAY> 4:00 AM or later

   REPEAT Q2_Q1 – Q2_Q2 UNTIL “4:00 AM or later’ IS SELECTED ON 2_Q2

Q24. Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

   On which step of the ladder would you say you personally feel you stand at this time?
   a. 10 – Best possible
   b. 9
   c. 8
   d. 7
   e. 6
   f. 5
   g. 4
   h. 3
   i. 2
   j. 1
   k. 0 – Worst possible

Q25. Did you experience any of the following between <START DAY> and <END DAY> Select all that apply.
   a. You were treated with less respect than other people
   b. You received poorer service than other people at restaurants or stores
   c. People acted as if they were afraid of you
   d. People acted as if they thought you were dishonest
e. People acted as if they were better than you
f. You were called names or insulted
g. You were threatened or harassed
h. You were hit, beaten, physically attacked, or assaulted
i. You were robbed, or your property was stolen, vandalized, or purposely damaged
j. None of the above [SKIP TO Q31]

Q25A. How frequently did you experience [INSERT RESPONSE FROM Q25] between <START DAY> and <END DAY>?
   a. Never
   b. Very rarely
   c. Rarely
   d. Occasionally
   e. Frequently
   f. Very frequently

Q21 How fatigued did you feel yesterday (<START DAY>) while you were awake?
   a. 1– Not at all fatigued
   b. 2
   c. 3
   d. 4
   e. 5
   f. 6
   g. 7 – Very fatigued

Q20 What time did you wake up on <END DAY>?
   a. 12:20 AM
   b. 12:10 AM
   c. 11:50 PM

Q22 How well did you sleep?
   a. 1 – Very bad
   b. 2
   c. 3
   d. 4
   e. 5
   f. 6
   g. 7 – Very good

Q23 Did you take a sleep aid to help you fall or stay asleep?
   b. Yes
   c. No