Supplementary Material

Sleep Need Questionnaire

Please answer these questions based on your experience during the previous week:

1) Did you feel tired or fatigued during the day or evening?
   NEVER_ RARELY_ SOMETIMES_ FREQUENTLY_ ALWAYS_
2) Were you sleepy or drowsy during the day or evening?
   NEVER_ RARELY_ SOMETIMES_ FREQUENTLY_ ALWAYS_
3) Did you take any naps or fall asleep briefly during the day or evening?
   NEVER_ RARELY_ SOMETIMES_ FREQUENTLY_ ALWAYS_
4) Did you feel you had been getting an adequate amount of sleep?
   NEVER_ RARELY_ SOMETIMES_ FREQUENTLY_ ALWAYS_

Scoring: Values assigned to each are below. The total score is the sum of all response values.

Questions 1, 2, 3:
NEVER = 1
RARELY = 2
SOMETIMES = 3
FREQUENTLY = 4
ALWAYS = 5

Question 4:
NEVER = 5
RARELY = 4
SOMETIMES = 3
FREQUENTLY = 2
ALWAYS = 1