



# Boston College daily sleep and well-being survey data during early phase of the COVID-19 pandemic

## Citation

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# COVID19 Daily Survey

Your health and safety are our number one priority. If diagnosed with COVID-19, we hope and encourage you to seek the treatment and care that you need and recover quickly. Any information that you provide us moving forward will be useful in understanding the effects of COVID-19 and the culture of living through a pandemic, but please do not let keeping up with these surveys interfere with your care in any way. Feel free to only respond to the study on days that you are feeling up to it.

If you are feeling up to it today, please take a few minutes to fill out this form at your earliest possible convenience, while the information is still fresh in your memory.

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Subject ID

(Provided to you in initial email with link to demographic survey)

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Today's Date (Click 'Now')

**Last Night's Sleep**

For questions asking about time, please use military time. For assistance, you may open the attachment or copy and paste this link into a new tab: <https://bit.ly/2HG8yuk>

[Attachment: "military\_time\_chart.jpg"]

What time did you get into bed last night?

\_\_\_\_\_

What time did you try to fall asleep last night?

\_\_\_\_\_

How long did it take you to fall asleep last night (in minutes)?

\_\_\_\_\_

Approximately how many times did you wake up during the night last night?

- 0  
 1  
 2  
 3  
 4  
 5 or more times

In total, how long were you up during the night due to these awakenings (in minutes)?

\_\_\_\_\_

What time did you wake up this morning?

\_\_\_\_\_

What time did you get out of bed this morning?

\_\_\_\_\_

How easy was it to fall asleep last night?

- It was easy  
 It took some time  
 It was difficult

Did you dream last night?

- Yes  
 No  
 I don't recall

Please describe in as much detail as you'd like the content of your dreams last night.

\_\_\_\_\_

Did you take a nap yesterday?

- Yes  
 No

How many minutes was your nap yesterday?

\_\_\_\_\_

Were the values reported here influenced/assisted by a sleep tracker of any kind (e.g. Fitbit, Apple Watch, etc)?

- Yes  
 No

Feel free to include any other relevant information about your sleep here, including any disturbances that contributed to you waking up during the night.

\_\_\_\_\_

**Yesterday's Activity**

Do you have a step counter?

- Yes  
 No

If yes, please record the number of steps you took yesterday.

\_\_\_\_\_

Did you leave your house yesterday?

- Yes  
 No

What places did you visit outside of your home yesterday?

\_\_\_\_\_

Outside of the people that you live with, approximately how many people did you come into face-to-face contact with yesterday?

\_\_\_\_\_  
(Within "social distance" of 6ft or 2 meters)

Did you do anything to socialize virtually or via phone with family or friends?

- Yes  
 No

How much time did you spend socializing virtually or via phone (in minutes)?

\_\_\_\_\_

Did you exercise for 20 minutes or more yesterday?

- No  
 Yes, in the morning  
 Yes, in the afternoon  
 Yes, in the evening

How many alcoholic beverages did you consume yesterday?

\_\_\_\_\_

**Coronavirus Status**

Are you in quarantine?  Yes  
 No

How many days have you been in quarantine?  
\_\_\_\_\_

Are you experiencing a fever?  Yes  
 No

How severe has your fever been over the last 24 hours?

	Mild				Moderate				Severe
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What was your last recorded temperature?  
\_\_\_\_\_

Temperature Units  Celsius  
 Fahrenheit

Are you experiencing any respiratory symptoms?  Yes  
 No  
(e.g. coughing, difficulty breathing)

If yes, please describe  
\_\_\_\_\_

How severe have your respiratory symptoms been over the last 24 hours?

	Mild				Moderate				Severe
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you been tested for COVID-19 (i.e. coronavirus)?  Yes  
 No

Have you been diagnosed with COVID-19 (i.e. coronavirus)?  Yes  
 No

As a reminder, for confidentiality purposes we are not tracking your responses in real time, nor are we using your responses to generate any diagnoses. If experiencing any symptoms, please be sure to follow guidelines of medical professionals and seek appropriate treatment as needed.

**CURRENT FEELINGS AND MOOD**

For each of the following personal attributes, indicate which description best describes how you currently feel, right now in the moment.

	Very slightly/not at all	A little	Moderately	Quite a bit	Extremely
Interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jittery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Completely  
isolated

Not  
isolated at  
all/ Socially  
fulfilled

How socially isolated do you  
feel?

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	Completely consumed with worry						Not worried at all
How worried are you about your own health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How worried are you about the health of your family and friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How worried are you about the health of those in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How worried are you about COVID-19 as it is related to a national/global public health crisis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How worried are you about your own finances or the impact of COVID-19 on national/global markets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Completely consumed by stress						Not stressed at all
How stressed do you currently feel overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In the last several days, how often have you been bothered by any of the following problems?**

	Not at all	Some of the time	More than half the time	Almost all of the time
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep, staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself- or that you are a failure or that you have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the news or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed? - or the opposite problem - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPTIONAL: Please let us know anything else you feel like sharing since the last assessment.

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