Variable	Questions	Answer options
Positive Affect	I feel cheerful I feel content I generally feel well	Likert scale from 1 (*not at all*) to 7 (*very*)
Negative Affect	I feel insecure I feel irritated I feel lonely I feel anxious I feel down I feel guilty	Likert scale from 1 (*not at all*) to 7 (*very*)
Vitality	I feel energetic I feel lively I feel active Karolinska Sleepiness Scale: How alert or sleepy do you feel right now?	Likert scale from 1 (not at all) to 7 (very/veel) 9 levels (1 = extremely alert, 2 = very alert, 3 = alert, 4 = rather alert, 5 = neither alert nor sleepy, 6 = some signs of sleepiness, 7 = sleepy, but no effort to keep awake, 8 = sleepy, some effort to keep awake, 9 = very sleepy, great effort keeping awake, fighting sleep). The scale includes labels on every second step (1, 3, 5, 7, and 9).
Context	What am I doing Where are you right now? With who are you right now?	Work, Study, Housekeeping, self-care, care for others, eating/drinking, traveling on the road, having a conversation, having online contact, sports, leisure, resting, other Categories: “at home”, “at school”, “at work” “outside, in a public space”, “inside, in a public space” “at someone else’s home”, “other, being:”, “on the road”, “in nature” Partner, Children, Pets, Housemates, Family, Friends, Colleages, Healthcare Workers, Acqaintances, Strangers or others, Nobody
Variable	**Questions**	Answer options

Sleep	What time did I go into bed?	Time
	What time did I try to go to sleep?	Time
	How long did it take me to fall asleep?	Minutes
	How many times did I wake up, not counting my final awakening?	Number
	In total, how long did these awakenings last?	Minutes
	What was the time of my final awakening?	Time
	What time did I get out of bed for the day?	Time
	How would I rate the quality of my sleep?	Scale from -3 (very bad) to +3 (very good)
	After my final awakening, how long did I spend in bed trying to sleep?	Minutes Yes/no Minutes
	Did I wake up earlier than I planned?	Likert scale from *not* to *very*
	How much earlier?	Scale from -3 (very bad) to +3 (very good)
	How rested or refreshed did I feel when I woke up?	
Variable	**Questions**	Answer options
Sleep	How many times did I nap or doze?	Number
	In total, how long did I nap or doze?	Minutes
	How many drinks containing alcohol did I have	Number
	What time was the last alcoholic drink?	Time
	How many caffeinated drinks (coffee, tea, soda, energy drinks) did I have?	Number
	What time was my last caffeinated drink?	Time
	Did I take any over-the-counter or prescription medication(s) to help me sleep?	Yes/no
Treatment adherence	I received light therapy today	Yes/No
	If no → Why did you not receive light therapy today?	"I forgot", "I had another appointments", It is uncomfortable", "It was not scheduled"
	If yes → how did you experience light therapy today?	5 point likert scale from 0 (unpleasant) to 5 (very pleasant)