

Munich ChronoType Questionnaire (MCTQ)

Instructions:

In this questionnaire, you report on your typical sleep behaviour over the past 4 weeks. We ask about work days and work-free days separately. Please respond to the questions according to your perception of a standard week that includes your usual work days and work-free days.

Personal Data

Date:	_____
Name:	_____
eMail:	_____
Age:	_____ years
Sex:	female <input type="checkbox"/> male <input type="checkbox"/>
Height:	_____ cm
Weight:	_____ kg
Country:	_____
City:	_____
Postal Code:	_____

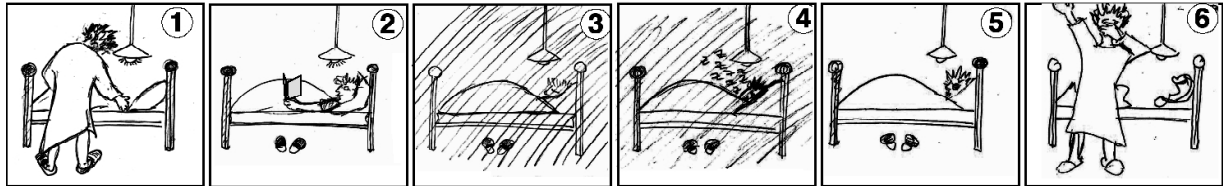
MCTQ

I have a regular work schedule (this includes being, for example, a housewife or househusband):

Yes I work on 1 2 3 4 5 6 7 day(s) per week.

No

Is your answer "Yes, on 7 days" or "No", please consider if your sleep times may nonetheless differ between regular 'workdays' and 'weekend days' and fill out the MCTQ in this respect.



Please use 24-hour time scale (e.g. 23:00 instead of 11:00 pm)!

Workdays

Image 1: I go to bed at _____ o'clock.

Image 2: Note that some people stay awake for some time when in bed!

Image 3: I actually get ready to fall asleep at _____ o'clock.

Image 4: I need _____ minutes to fall asleep.

Image 5: I wake up at _____ o'clock.

Image 6: After _____ minutes I get up.

I use an alarm clock on workdays: Yes No

If "Yes": I regularly wake up BEFORE the alarm rings: Yes No

Free Days

Image 1: I go to bed at _____ o'clock.

Image 2: Note that some people stay awake for some time when in bed!

Image 3: I actually get ready to fall asleep at _____ o'clock.

Image 4: I need _____ minutes to fall asleep.

Image 5: I wake up at _____ o'clock.

Image 6: After _____ minutes I get up.

My wake-up time (Image 5) is due to the use of an alarm clock: Yes No

There are particular reasons why I cannot freely choose my sleep times on free days:

Yes If "Yes": Child(ren)/pet(s) Hobbies Others , for example: _____

No

Work Details

In the last 3 months, I worked as a shift worker.

No Yes (please continue with “*My work schedules are ...*”).

My usual work schedule ...

... starts at _____ o'clock.

... ends at _____ o'clock.

My work schedules are ...

... very flexible ... a little flexible ... rather inflexible ... very inflexible

I travel to work ...

... within an enclosed vehicle (e.g. car, bus, underground).

... not within an enclosed vehicle (e.g. on foot, by bike).

I work at home.

For the commute to work, I need ___ hours and ___ minutes.

For the commute from work, I need ___ hours and ___ minutes.

Time Spent Outdoors

On average, I spend the following amount of time outdoors in daylight (without a roof above my head):

on workdays: _____ hours _____ minutes

on free days: _____ hours _____ minutes

Stimulants

Please give approximate/average amounts!

		per →	day	/ week	/ month
I smoke	_____ cigarettes ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ glasses of beer ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ glasses of wine ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ glasses of liquor/whiskey/gin etc. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ cups of coffee ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ cups of black tea ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ cans of caffeinated drinks (soft-drinks) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take sleep medication	_____ times ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>