

Questionnaire

I. Basic Information

1. Your gender

2. Your age

3. Your job category

- a) Doctor
- b) Rehabilitation therapist
- c) Rehabilitation nurse
- d) Resident physician/therapist
- e) Graduate student/Intern

4. Your professional title

- a) Student
- b) Junior title
- c) Intermediate title
- d) Associate Senior Title
- e) Senior title

5. Years of work/study in this department

- a) Less than 1 year
- b) 1 to 3 years
- c) 4 to 6 years
- d) 7 to 10 years
- e) 11 to 20 years
- f) 21 to 30 years
- g) More than 30 years

II. Work & Lifestyle Habits

6. Average working days per week in the past month [Single Choice]

- a) 5 days
- b) 5.5 days
- c) 6 days
- d) More than 6 days

7. Average daily working hours in the past month (including shifts) [Single Choice]

- a) Less than 8 hours
- b) 8 to 9 hours
- c) 9 to 10 hours
- d) 10 to 12 hours
- e) More than 12 hours

8. Night shift frequency in the past three months [Single Choice]

- a) No night shifts
- b) 1 to 4 times/month
- c) 5 to 8 times/month
- d) More than 8 times/month

9. Estimated activity distribution during workdays (Total 100%) [Fill-in-the-blank]

Sitting (clerical work, computer operation, etc.): ____%

Standing (ward rounds, operations, instruction, etc.): ____%

Walking/Moving (between wards or treatment rooms): ____%

10. Primary mode of commuting (Multiple Choice)

- a) Walking (15 mins one way)
- b) Bicycle/Electric bike
- c) Private car
- d) Public transport
- e) Other

11. Do you consciously engage in physical activity at the workplace? (e.g., stairs, stretching)

- a) Yes, frequently
- b) Occasionally
- c) Rarely

d) Almost never

12. Regular physical exercise in the past three months (30+ mins, moderate intensity)?

a) Yes

b) No

13. Average frequency of exercise per week. _____ times.

14. Primary type of exercise (Multiple Choice)

a) Running

b) Brisk walking

c) Swimming

d) Ball games

e) Gym/Strength training

f) Yoga/Pilates

g) Cycling

h) Other

15. Daily screen time for entertainment outside of work (Phone, PC, TV)

a) Less than 1h

b) 1 to 2h

c) 2 to 3h

d) 3 to 4h

e) More than 4h

16. Dietary habits

a) Regular meals, mostly home-cooked

b) Regular meals, mostly takeout/canteen

c) Irregular diet

d) Frequently miss meals

17. Smoking habits

a) Never smoked

b) Quit

c) Occasional

d) Frequent

18. If frequent, average cigarettes per day. _____times.

19. Drinking habits

- a) Never
- b) Occasional (less than 4 times/month)
- c) Frequent (1 to 2 times/week)
- d) Very frequent (more than 3 times/week)

III. Sleep Quality (PSQI)

21. During the past month, how would you rate your sleep quality overall?

Very good (0 points)

Fairly good (1 point)

Fairly bad (2 points)

Very bad (3 points)

22. Sleep Latency

(1) During the past month, how many minutes does it usually take you to fall asleep each night? (*Scoring: ≤ 15 min = 0; 16-30 min = 1; 31-60 min = 2; ≥ 60 min = 3*)

(2) [a]. During the past month, how often have you had trouble sleeping because you cannot go to sleep within 30 minutes? (*Scoring: Not during the past month (0); < 1 time/week (1); 1-2 times/week (2); ≥ 3 times/week (3)*)

23. During the past month, how many hours of actual sleep did you get at night?

- a) More than 7 hours
- b) 6 to 7 hours
- c) 5 to 6 hours
- d) Less than 5 hours

24. Habitual Sleep Efficiency (Actual sleep hours / Time spent in bed \times 100%)

- a) More than 85% (0 points)
- b) 75% to 85% (1 point)
- c) 65% to 75% (2 points)
- d) Less than 65% (3 points)

25-33. During the past month, how often have you had trouble sleeping because you...

(*For each item, choose: Not during the past month (0); < 1 time/week (1); 1-2*

times/week (2); ≥ 3 times/week (3))

25.[b]. Wake up in the middle of the night or early morning.

26.[c]. Have to get up to use the bathroom.

27.[d]. Cannot breathe comfortably.

28.[e]. Cough or snore loudly.

29.[f]. Feel too cold.

30.[g]. Feel too hot.

31.[h]. Have bad dreams.

32.[i]. Have pain.

33.[j]. Other reason(s) that affect your sleep.

34. Frequency of combined sleep disturbances {b-j} during the past month:

a) Sum of b to j = 0 points

b) Sum of b to j = 1-9 points

c) Sum of b to j = 10-18 points

d) Sum of b to j = 19-27 points

35. During the past month, how often have you taken medicine to help you sleep?

a) Not during the past month (0 points)

b) Less than once a week (1 point)

c) Once or twice a week (2 points)

d) Three or more times a week (3 points)

36. During the past month, how often have you had trouble staying awake while driving, eating, or engaging in social activity?

a) Not during the past month (0 points)

b) Less than once a week (1 point)

c) Once or twice a week (2 points)

d) Three or more times a week (3 points)

37. During the past month, have you felt you lack enough energy to get things done?

a) No problem at all (0 points)

b) Only a slight problem (1 point)

c) Somewhat of a problem (2 points)

d) A very big problem (3 points)

38. Daytime Dysfunction Assessment

(1) Difficulty staying awake while driving, eating, or social activities?

(2) Difficulty keeping up enough enthusiasm to get things done? (Scoring: (1)+(2) = 0 points; 1-2 points; 3-4 points; 5-6 points)