After asking demographic information the following item modules are assessed:

Impacts of COVID-19 on Sleep Changes

Please answer the following questions regarding your sleeping patterns.
1. Prior to COVID-19, what time did you go to bed?
    a. __:___ □AM □PM
2. Currently, what time do you go to bed?
    a. __:___ □AM □PM
3. Prior to COVID-19 what time did you wake up?
    a. __:___ □AM □PM
4. Currently, what time do you wake up?
    a. __:___ □AM □PM
5. In the past week, how likely are you to doze off or fall asleep while sitting quietly, reading, or watching tv?
    a. Never
    b. Slight chance of dozing
    c. Moderate chance of dozing
    d. High chance of dozing