

# **Auditory Countermeasures for Sleep Inertia: Exploring the Effect of Melody and Rhythm in an Ecological Context.**

## **Supporting Information**

### **Test Questionnaire**

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# Test Session 1.

## OPENING PAGE

**Good Morning!**

**Welcome to the Waking Sound and Sleep Inertia Study!**

**Please follow the prompts carefully as they will guide you through the test.**

**By completing this test, you are giving your consent to participate in the study.**

### ITEM 1.

#### PVT Test

### ITEM 2.

<b>Please, indicate your sleepiness during the 5 minutes before this rating through ticking the appropriate description.</b>								
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 TO KEEP AWAKE, FIGHTING SLEEP

### ITEM 3.

<b>Please indicate as accurately as possible how many hours you slept last night.</b>													
- 3	3 - 3.5	3.5 - 4	4 - 4.5	4.5 - 5	5 - 5.5	5.5 - 6	6 - 6.5	6.5 - 7	7 - 7.5	7.5 - 8	8 - 8.5	8.5 - 9	9+

### ITEM 4.

<b>How would you describe your quality of sleep?</b>				
VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD

### ITEM 5.

<b>What is your age range?</b>				
18 - 29	30 - 39	40 - 49	50 - 59	60+

### ITEM 6.

<b>What is your gender?</b>			
MALE	FEMALE	X (INDETERMINATE/INTERSEX/UNSPECIFIED)	PREFER NOT TO DISCLOSE

**ITEM 7.**

<i>How many hours do you typically sleep each night?</i>				
0-3	3-5	5-7	7-9	9+

**CLOSING PAGE**

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***You are all done!***

***If you are feeling drowsy and must operate any heavy machinery, drive or complete tasks of a consequential nature, the research team recommends that you wait until your drowsiness subsides.***

***See you tomorrow!***

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# Test Session 2.

## OPENING PAGE

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*Good Morning!*

*Welcome back!*

*Please follow the prompts carefully as they will guide you through the test.  
Please begin by pressing the resume button.*

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### ITEM 1.

#### PVT Test

### ITEM 2.

***Please, indicate your sleepiness during the 5 minutes before this rating through ticking the appropriate description.***

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 TO KEEP AWAKE, FIGHTING SLEEP
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### ITEM 3.

***Please indicate as accurately as possible how many hours you slept last night.***

- 3	3 - 3.5	3.5 - 4	4 - 4.5	4.5 - 5	5 - 5.5	5.5 - 6	6 - 6.5	6.5 - 7	7 - 7.5	7.5 - 8	8 - 8.5	8.5 - 9	9+
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### ITEM 4.

***How would you describe your quality of sleep?***

VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD
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## CLOSING PAGE

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*You are all done!*

*If are feeling drowsy and must operate any heavy machinery, drive or complete tasks of a consequential nature, the research team recommends that you wait until your drowsiness subsides.*

*Please press the finish button to submit your results.*

*On behalf of the research team we would like to thank you for taking time to take part in this study!*

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