

General Details

1. Participant ID
2. Age
3. Sex
 - Female
 - Male
4. Nationality/Ethnicity

Education Details

5. Which University do you study at?
6. Field of Study
7. Year of Studies
8. How many exams do you have during the winter session of your current year of study?
 - 0-1
 - 2-4
 - 5+
9. How many exams do you have during summer session of your current year of study?
 - 0-1
 - 2-4
 - 5+
10. In how many days do you have your next exam in a major subject? Name the subject.

Survey

11. What is your current stress level (from 1 (Least Stressed) to 10 (Extremely Stressed))?
12. Your diet is:
 - Non-vegetarian (includes all foods)
 - Lacto-vegetarian (a vegetarian diet that includes certain types of dairy, but excludes eggs & foods which contain animal rennet)
 - Ovo vegetarian (a vegetarian diet that includes eggs, but excludes dairy)
 - Ovo-lacto vegetarian (a vegetarian diet that includes eggs and dairy)
 - Semi-vegetarian (a predominantly vegetarian diet that occasionally includes meat)
 - Pescetarian diet (includes fish but not other meats)

- Vegan

13. How many liters of water do you drink per day?

- < 1 Litre
- 1-2 Litres
- 2-3 Litres
- > 3 Litres

14. Do you smoke cigarettes? If yes, How many packs a day?

- No
- Yes, < 1 Pack
- Yes, 1-2 Packs
- Yes, 2-3 Packs
- Yes, > 3 Packs

15. Do you use snus (smokeless tobacco)? If yes, how many times a day?

16. How often do you drink alcohol?

- Daily
- 2-6 times a week
- Once a week
- Less than once a week
- Occasionally
- I don't drink alcohol

17. Do you use caffeine? If yes in what form (coffee, energy drink etc.)?

18. Do you do any physical exercise?

- Yes
- No

19. If you exercise, how many days in a week do you exercise?

- 7 Days
- 6 Days
- 5 Days
- 4 Days
- 3 Days
- 2 Days

- 1 Day

20. If you exercise, what type of exercise do you do? Check all that apply.

- Strength training
- Aerobic (cardio) training
- Cross fit training
- Other: _____

21. Do you supplement vitamin D? If Yes, How many tablets/day?

What is the name of the vitamin D-containing drug? _____

22. Do you take any medications and/or supplements?

- Yes
- No

23. If yes, please name the medications and/or supplements you take.

24. When do you usually sleep?

- During the night
- During the day
- Other: _____

25. On average, how many hours do you sleep per day?

- > 9 hours
- 6-9 hours
- 4-5 hours
- < 3 hours

26. Relationship status

- Single
- In a relationship/married
- Divorced or widow/widower

27. Do you work? If yes, what kind of work do you do?

- No
- Yes, physical work
- Yes, office/mental work
- Other: _____

28. If you work, Which time of the year do you work? How many hours per week?

29. Where have you lived for most of your life?

- Countryside
- City
- Other: _____

30. Do you have any family history of genetic disease? If yes, which relatives?

31. Do or did you have any chronic diseases?

- Yes
- No
- Maybe

32. Have you ever been hospitalized or undergone surgery? If yes, for what reason?

33. Would you be interested in participating in part 2 of our study? :)

- Yes
- No

34. Please provide your contact information (email address/phone number), so we can contact you for the 2nd part of data collection.

35. Would you be interested in participating in future studies?

- Yes
- No