

Additional file 1 - Questionnaire

ILL BEGIN THIS INTERVIEW ASKING A FEW QUESTIONS ABOUT YOUR WORK

A1. In how many places do you work on nursing?

- 1 One
- 2 Two
- 3 Three or more

A2. Do you work regularly (at least once a week / 4 times a month) at night shifts in nursing assistance in some place?

- 1 Yes
- 2 No GO TO A4

A3. For how long have you been working at night in nursing, here or in another place?

_____years. Less than one year. GO TO B1

A4. Have you ever worked nights?

- 1 Yes, regularly, at least once a week.
- 2 Yes, occasionally or rarely.
- 3 No GO TO B1

A5. For how long did you work at night?

_____years. Less than one year.

I WOULD NOW LIKE TO ASK SOME QUESTIONS ABOUT YOUR HEALTH

B1. In a general way, compared to people you age, how do you consider your health to be?

1 Very good 2 Good 3 Regular 4 Bad 5 Very bad

B2. In relation to your sleep, how often did you:

	Never	Rarely	A few times	Almost always	Always
a) Have difficulty falling asleep?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) Waking up during the night (more than three times)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c) Wake up before the desired time and not managing to sleep again?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

B3. How much you weighed at age 20, approximately?

_____. _____ Kg 777 don't know/don't remember

B4. What is your current weight (if pregnant, tell your pre-pregnancy weight)?

_____. _____ Kg 777 don't know/don't remember

**THE NEXT QUESTIONS ARE ABOUT ASPECTS OF
YOU PERSONAL HISTORY**

C1. What is the educational background of your mother?

- 1 didn't go to school
 2 Elementary school incomplete
 3 Elementary school complete
 4 Secondary school incomplete
 5 Secondary school complete
 6 University (College) incomplete
 7 University (College) complete
 8 didn't know her/died early

C2. What is your age? _____ years

C3. What is your educational background?

- 1 University degree complete
 2 Post-graduation (specialization, residency)
 3 Master degree
 4 Doctorate degree

C4. What is your marital status?

- 1 married or living together
 2 separated or divorced
 3 widow(er)
 4 single (Never been married or lived in a union)

C5. How many children born alive do you have or did you have?

_____ children 0 I did not have children.

C6. Do you have children under six years old living with you?

- 1 Yes
 2 No

C7. The Brazilian Institute of Statistics (IBGE) uses the words black, brown, white, yellow and indigenous to classify people's colour or race. If you had to answer the IBGE survey today, how would you classify yourself in this respect?

1 Black 2 Brown 3 White 4 Yellow 5 Indigenous

C8. Including you, how many people live in your house? _____ people

C9. When you are at home, is it your responsibility to:

Task	Yes, entirely	Yes, most of the time	Divided equally	Yes, partly	No
Take care of children/teenagers? 9 <input type="checkbox"/> I don't have children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Do the cleaning?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Cook?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Wash clothes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Iron clothes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>