

Supplementary file 1

Table S1. Circadian Rhythm Questionnaires.			
Typical Work/School Day		Typical Free Day	
<i>What time do you usually wake up on these days?</i>			
AM/PM		AM/PM	
<i>About what time do you usually eat the following meals or snacks each day?</i>			
Breakfast	AM/PM	Breakfast	AM/PM
Snack 1	AM/PM	Snack 1	AM/PM
Lunch	AM/PM	Lunch	AM/PM
Snack 2	AM/PM	Snack 2	AM/PM
Dinner	AM/PM	Dinner	AM/PM
Snack 3	AM/PM	Snack 3	AM/PM
<i>Which eating event (meal or snack) is usually the largest on each day?</i>			
<input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack		<input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	
<i>What time do you usually try to fall asleep on these days?</i>			
AM/PM		AM/PM	
<i>Do you usually wake up in the night and eat on any of these days?</i>			
Yes No		Yes No	
If yes, what time?		If yes, what time?	
AM/PM		AM/PM	
<i>What time do you have your bowel movements on these days?</i>			
AM/PM		AM/PM	
AM/PM		AM/PM	
AM/PM		AM/PM	