

Figure S1:

**The prevalence of sleepy driving in Saudi Arabia / معدل انتشار النعاس أثناء القيادة في المملكة العربية السعودية**

العربية السعودية

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Project title: The prevalence of sleepy driving in Saudi Arabia.

Researchers' names: Dr. Yousef Alqurashi, Faisal Albukhamsin, Abdulaziz Altammar, Mutlaq Aleid, Waleed Ghazwani, Bader Alhasan, Abdullah AlFaris.

We kindly ask you to participate in our study, titled: The prevalence of sleepy driving in Saudi Arabia.

The study requires filling out a survey that could take up to 5-10 minutes.

Please note that your participation in this study is voluntary, and before agreeing to be part of this study please read the following instructions carefully:

1-All information gained from this survey are confidential, your privacy will be protected at all times and your identity will not be disclosed by any means. Please note that the data obtained could be used in research publications or any scientific papers related to this topic.

2-Your participation in the study is voluntary, you have the right to refuse or stop your participation at any given time and for any given reason without any consequences.

3-If you have questions about the study, you can contact this email: [Faisal.maher51@hotmail.com](mailto:Faisal.maher51@hotmail.com)

Clicking on the "Agree" button indicates that:

1- You have read the above information

2- You voluntarily agreed to participate

Agree

Disagree

\* What is your Age?

Under 18

18-24 years old

25-34 years

35-44 years

45-54 years

55-64 years

Above 65

\* Gender

Male

Female

\* What is your nationality?

Saudi

Non-Saudi

Please, write your nationality

\* In which region in Saudi Arabia do you live?

- Eastern Region
- Central Region
- Western Region
- Southern area
- Northern area

\* What is your height? (in cm)

- Shorter than 120
- 120
- 121
- 122
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- 199
- 200
- Taller than 200

\* What's your weight? (in kg)

Less than 45

45

46

47

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- 178
- 179
- 180
- More than 180

If you are a female, are you pregnant?

- Yes
- No

\* What is your educational level

- No schooling completed
- Elementary school
- Middle school
- High school
- Bachelors
- Masters
- Doctorate

\* what is your employment Status:

- Employed
- Unemployed
- Self-employed
- Student

Retired

\* How many hours do you work per day?

Less than 8 hours

8 hours

8-12 hours

More than 12 hours

\* Are you a shift worker?

Yes

No

\* What is your monthly income level? (in Saudi riyals)

No income

Less than 4000

4000-8000

8000-12000

More than 12000

\* How many hours do you sleep per night?

Less than 4 hours

4-6 hours

7-9 hours

More than 9 hours

\* Have you ever been diagnosed with sleep disorders?

Yes

No

\* Do you use any of the following medications?

Hypnotics

Sedatives

Non-steroidal anti-inflammatory

Psychiatric drugs

Antiepileptics

Antiepileptics

Anticoagulants

Heart medication

Stomach acidity medicine

Nothing

Others...

Please write the name of other medication

\* Do you have a driving license?

Yes

No

\* Before allowing women to drive in the kingdom of Saudi Arabia, were you driving elsewhere outside the kingdom?

Yes

No

\* How many hours do you usually drive per day?

0

1

2

3

4

5

6

7

8

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10

11

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14



- 15
- 16
- 17
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- 20
- 21
- 22
- 23
- 24

**\* How long have you been driving?**

- Less than one year
- One years
- Two years
- Three years
- More than three years

**\* In the last 6 months, have you ever felt sleepy while driving?**

- Yes
- No

**\* In the last 6 months, have you ever stopped your car because of sleepiness?**

Yes

No

\* In the last 6 months, was there an occasion where you almost had a car accident because of sleepiness?

Yes

No

\* In the last 6 months, was there an occasion where you had a car accident because of sleepiness?

Yes

No

\* If you had an accident in the past six months, was this accident:

serious (lead to fatality or hospitalization)

moderate (lead to small injuries or bruising)

light (lead to small scratch in the car)

\* In the last 6 months, was there an occasion where you had a car accident because of any other reasons?

Yes

No

Please write the reason (optional)

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\* In which part of the day do you usually feel sleepy?

- 6:00AM to 7:59AM
- 8:00AM to 11:59AM
- 12:00PM to 3:59PM
- 4:00PM to 8:00PM

\* How do you overcome sleepiness during driving?

- Drinking coffee or tea
- Drinking caffeinated energy or soft drinks
- Listening to the radio or music
- Taking a nap
- Talking to someone
- open a window to get air
- Others.....

Please, write down other ways that you overcome sleepiness while driving.

\* How likely are you to doze off or fall asleep in the following situations?

|  | Would never doze      | Slight chance of dozing | Moderate chance of dozing | High chance of dozing |
|--|-----------------------|-------------------------|---------------------------|-----------------------|
| <b>Sitting and reading</b>   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/> |
| <b>Watching TV</b>   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/> |
| <b>Sitting, inactive in a public place (e.g. a theatre or a meeting)</b> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/> |

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>As a passenger in a car for an hour without a break</b>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Lying down to rest in the afternoon when circumstances permit</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Sitting and talking to someone</b>                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Sitting quietly after a lunch without alcohol</b>                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>In a car, while stopped for a few minutes in the traffic</b>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\* Do you snore?

- Yes
- No
- Don't know

\* If you answered "yes", Your snoring is:

- Slightly louder than breathing
- As loud as talking
- Louder than talking
- Very loud, can be heard in adjacent rooms

\* How often do you snore?

- Almost every day
- 3-4 times per week
- 1-2 times per week
- 1-2 times per month
- Rarely or never

\* Has your snoring ever bothered other people?

- Yes
- No
- Don't know

\* Has anyone noticed that you stop breathing during your sleep?

- Almost every day
- 3-4 times per week
- 1-2 times per week
- 1-2 times per month
- Rarely or never

\* How often do you feel tired or fatigued after your sleep?

- Almost every day
- 3-4 times per week
- 1-2 times per week
- 1-2 times per month
- Rarely or never

\* During your waking time, do you feel tired, fatigued or not up to par?

- Almost every day
- 3-4 times per week

- 1-2 times per week
- 1-2 times per month
- Rarely or never

\* Have you ever nodded off or fallen asleep while driving a vehicle?

- Yes
- No

\* How often does this occur?

- Almost every day
- 3-4 times per week
- 1-2 times per week
- 1-2 times per month
- Rarely or never

\* Do you have high blood pressure?

- Yes
- No
- Don't know