

Appendix

Demographic Data

Please tell us about yourself

1. Gender

Please tell us your gender

(participants selected one of the following choices from a drop down menu)

- a. Male
- b. Female
- c. Female-to-male transgender
- d. Male-to-female transgender
- e. Other (please specify):

2. Race/Ethnicity

Please describe your race/ethnicity below.

(participants selected one of the following choices from a drop down menu)

- a. White/Caucasian
- b. African-American/Black
- c. Hispanic/Latino
- d. Asian or Pacific Islander
- e. Native American
- f. Other (please specify):

3. Health

Please let us know any health issues and treatments you are receiving.

(participants could check off any or none)

- a. Taking prescription medication
- b. Taking medication for sleep (ambien, etc.)
- c. Taking medication for anxiety, depression, or any other mental health issue
- d. Receiving counseling/therapy
- e. None
- f. Other (please specify):

4. Alcohol Opinions

Please give us your opinion on alcohol consumption. Alcohol is best consumed:

(participants selected one of the following choices from a drop down menu)

- Not at all
- Once a month
- Socially on weekends (1-3 drinks a night)
- 1 drink with a meal
- 4+ a weekend night
- At least one drink a day
- No opinion

5. Other Drug Opinions

Please give us your opinion. Other acceptable drug usage includes:

harder drugs include: cocaine, methamphetamines, prescription drugs, etc.

(participants selected one of the following choices from a drop down menu)

- Marijuana socially
- Marijuana daily
- Harder drugs socially
- Harder drugs daily
- One should never use drugs
- No opinion

6. Average Sleep Weekends

What is the average amount of time (in hours) you get to sleep per night on Weekends?

- a. (participants selected a number between 1 and 14 from a drop-down menu)

7. Average Sleep Weekday

What is the average amount of sleep (in hours) you get per night on weeknights?

- a. (participants selected a number between 1 and 12 from a drop-down menu)

8. Sleep Schedule Consistency

How consistent is your sleep schedule?

- a. Very consistent
- b. Somewhat consistent
- c. Somewhat inconsistent
- d. Very inconsistent

9. Meditation frequency

How often do you meditate?

- a. Not at all
- b. Infrequently
- c. Frequently

Dream Frequency/Attitude/Control Questionnaire:

Please tell us how often you:

	Never	Less than Once a Month	Once a Month	2-3 Times a Month	Once a Week	2-3 Times a Week	Almost every Morning / Daily
Remember your dreams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have nightmares?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find yourself in a situation that you have already dreamed of in a similar way (déjà rêve)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Become aware of being in a dream and continue it without waking up (lucid dream)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take control of the dream?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. How many dreams did you remember this week? (please type number)
2. How many dreams did you remember this week where you were aware of dreaming and continued the dream (had a lucid dream)? (please type number, or skip if none occurred)
3. How many dreams did you remember this week where you were in control of the dream? (please skip if none occurred)

4. How did you become lucid or in control of your dream?
 - Spontaneous
 - Deliberate training
 - relaxation techniques

LOC Scale

Beck Depression Inventory-II (BDI –II)

Experimental group instructions:

Thank you for helping us with our study. For the duration of this month, please keep a writing utensil and a pad of paper or journal next to your bed, please go set this up right now. When you wake up in the morning, please write down as much of your dream(s) as you can. Do not worry about legibility or explanation, we will not ask you to turn it in, just write as much of the scene(s) in as much detail you can recall as soon as you wake up. No matter how little you remember, every little bit each morning helps. Please do not attempt to learn anything about Lucid or Control dreams for the duration of this experiment. We appreciate your continued input in the next 4 weekly surveys. If by any chance discussing your mood or emotional state has troubled you, or if you feel the need for any counseling or therapy, please do not hesitate to contact your nearest help line: Cornell's Counseling and Psychological Services (CAPS) - 1-607-255-5155, <http://www.gannett.cornell.edu/services/counseling/caps/> Cornell's Empathy, Assistance, & Referral Service (EARS) - 255-EARS (255-3277), <http://ears.dos.cornell.edu/> Thank you again for your assistance!

Control Group Instructions:

Thank you for helping us with our study. Please continue your normal routine and answer the next 4 weekly surveys. Please do not attempt to learn anything about Lucid or Control dreams for the duration of this experiment. If by any chance discussing your mood or emotional state has troubled you, or if you feel the need for any counseling or therapy, please do not hesitate to contact your nearest help line: Cornell's Counseling and Psychological Services (CAPS) - 1-607-255-5155, <http://www.gannett.cornell.edu/services/counseling/caps/> Cornell's Empathy, Assistance, & Referral Service (EARS) - 255-EARS (255-3277), <http://ears.dos.cornell.edu/> Thank you again for your assistance!

Table 1. Characteristic of Study Group (N=175*)

Characteristic	Experimental Group No.(%)	Control Group No.(%)	F	t	p
Gender			1.231	.553	.581
Male	11(12.8)	14(15.7)			
Female	75(87.2)	75(84.3)			
Race/Ethnicity			1.436	.879	.380
Black	6(7.0)	8(9.0)			
Hispanic	3(3.5)	4(4.5)			
Asian	17(19.8)	20(22.5)			
Other/Biracial	8(9.3)	9(10.1)			
White	52(60.5)	48(53.9)			
Health ^ψ					
Prescription Medication	19(22.1)	17(19.1)	.950	.487	.627
Sleep Medication	1(1.2)	3(3.4)	3.882	-.974	.331
Mental Health Medication	8(9.3)	4(4.5)	6.522	1.257	.211
Counseling/therapy	5(5.8)	6(6.7)	.253	-.251	.802
None	50(58.1)	62(69.7)	8.969	-1.590	.114
Meditation Frequency			5.315	1.286	.200
Never	65(75.6)	75(84.3)			
Infrequently	17(19.8)	11(12.4)			
Frequently	4(4.7)	3(3.4)			
Alcohol opinion - Alcohol is best consumed:			.410	-.616	.539
No opinion	3(3.5)	5(5.6)			
Not at all	15(17.4)	15(16.9)			
Once a Month	11(12.8)	10(11.2)			
Socially on weekends (1-3)	45(52.3)	46(51.7)			
4+ a weekend night or more	12(14.0)	13(14.6)			
Other Drug Opinions -			9.888	2.059	.041**
No Opinion	15(17.4)	6(6.7)			
One should never use drugs	43(50.0)	51(57.3)			
Marijuana Socially	25(29.1)	30(33.7)			
Marijuana Daily	3(3.5)	0(0.0)			
Harder Drugs socially	0(0.0)	2(2.2)			
Age			4.192	1.012	.313
18-25	85(98.8)	88(100.0)			
26-34	1(1.2)	0(0.0)			
Spirituality			.463	-.105	.917
Very Spiritual	12(14.3)	10(11.4)			
Somewhat	38(45.2)	44(50.0)			
Not at all Spiritual	34(40.5)	34(38.6)			

*The sum of subgroup numbers may not be equal to the total 175 because of missing data.

^ψ - Health was the only variable that had individual sub-measurements, and therefore individual statistical results.

** $p < 0.05$

Table 1. Characteristic of Study Group (N=175*)

Characteristic	Experimental Group No.(%)	Control Group No.(%)	F	t	p
Average Sleep Weekends (hrs)			.031	1.648	.101
6	4(4.7)	6(6.7)			
7	7(8.1)	11(12.4)			
8	27(31.4)	30(33.7)			
9	29(33.7)	29(32.6)			
10≤	19(22.1)	13(14.6)			
Average Sleep Weekday (hrs)			.255	.973	.333
≤5	9(10.4)	10(11.2)			
6	18(20.9)	19(21.3)			
7	27(31.4)	35(39.3)			
8	27(31.4)	22(24.7)			
9≤	5(5.8)	3(3.4)			
Sleep Schedule Consistency			.003	.152	.879
Very Consistent	13(15.1)	15(16.9)			
Somewhat Consistent	49(57.0)	47(52.8)			
Somewhat Inconsistent	14(16.3)	19(21.3)			
Very Inconsistent	10(11.6)	8(9.0)			
Sleeper Type			.652	.139	.889
Light Sleeper	16(18.8)	15(16.9)			
Normal	49(57.6)	56(62.9)			
Heavy Sleeper	20(23.5)	18(20.2)			
Depression Score (BDI-II)			3.716	-.232	8.17
Minimal/General (0-14)	67(77.9)	57(64.0)			
Mild (15-20)	11(12.8)	10(11.2)			
Moderate (21-29)	5(5.8)	12(13.5)			
Severe (30-63)	3(3.5)	2(2.2)			

*The sum of subgroup numbers may not be equal to the total 175 because of missing data.