SHUTi-CARE Post-Assessment (No SHUTi)

Start of Block: Instructions & ISI

Q1 This questionnaire is designed to help us better understand your experiences considering using SHUTi. Your responses are very important! Your participation will help us improve treatment for supporters with insomnia and sleep disturbance and determine how best to deliver that help. All of your responses are confidential.

Page Break

Q2 **For the next two questions, think about your current sleep difficulties.**

Q9 How satisfied/dissatisfied are you with your current sleep pattern?

- Very Satisfied (0)
- Satisfied (1)
- Neutral (2)
- Dissatisfied (3)
- Very Dissatisfied (4)

Q10 To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?

- Not at all interfering (0)
- A little (1)
- Somewhat interfering (2)
- Much (3)
- Very much interfering (4)

End of Block: Instructions & ISI

Start of Block: Feedback for decision not to use SHUTi

Q18 Would you be willing to share why you did not use the SHUTi program? (choose all that apply)

- [ ] It didn't seem relevant to my needs. (1)
- [ ] It didn't seem like it would work with my lifestyle. (2)
- [ ] I wasn't interested in the program. (3)
- [ ] It seemed too complicated. (4)
- [ ] It seemed like it would take too much time. (5)
- [ ] I didn't think it would help me. (6)
- [ ] I don't need or want help for insomnia. (7)
- [ ] Something else (please specify) (8)

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Display This Question:

If Would you be willing to share why you did not use the SHUTi program? (choose all that apply) = It didn't seem relevant to my needs.

Q20 You indicated that the SHUTi program did not seem relevant to your needs. What needs did you feel that the program would not address?

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Display This Question:

If Would you be willing to share why you did not use the SHUTi program? (choose all that apply) = It didn't seem like it would work with my lifestyle.

Q21 You indicated that the SHUTi program did not seem like it would work with your lifestyle. What about your lifestyle did you feel would make it difficult to use SHUTi?

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Display This Question:

If Would you be willing to share why you did not use the SHUTi program? (choose all that apply) = I wasn't interested in the program.

Q22 You indicated that the SHUTi program did not interest you. What, if anything, would have made this program of greater interest?

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Display This Question:

If Would you be willing to share why you did not use the SHUTi program? (choose all that apply) = It seemed too complicated.

Q23 You indicated that the SHUTi program seemed too complicated. What about SHUTi seemed like it would be complicated?

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Display This Question:

If Would you be willing to share why you did not use the SHUTi program? (choose all that apply) = It seemed like it would take too much time.

Q24 You indicated that the SHUTi program seemed like it would take too much time. How much time did it seem like SHUTi would take each week?

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Display This Question:

If Would you be willing to share why you did not use the SHUTi program? (choose all that apply) = I didn't think it would help me.

Q25 You indicated that you did not think the SHUTi program would help you. How could an insomnia program like SHUTi be more helpful for you?

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Display This Question:

If Would you be willing to share why you did not use the SHUTi program? (choose all that apply) = I don't need or want help for insomnia.

Q26 You indicated that you don't need or want help for insomnia. What, if any, other kinds of help would be useful for you right now?

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End of Block: Feedback for decision not to use SHUTi

Start of Block: Caregiving-related User and Environmental Characteristics follow-up

Q66 Here are some statements about your energy level and the time it takes to do the things you have to do. How much does each statement describe you?

	Not at all (1)	Somewhat (2)	Quite a bit (3)	Completely (4)
You are exhausted when you go to bed at night (1)	○	○	○	○
You have more things to do than you can handle (2)	○	○	○	○
You don't have time just for yourself (3)	○	○	○	○
You work hard as a caregiver but never seem to make any progress (4)	○	○	○	○

Page Break

Q67 Over the past three months while you participated in this study, did you experience any significant changes in your caregiving situation? For example, did the physical, cognitive, or behavioral problems of the person(s) you provide care to get significantly worse?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Over the past three months while you participated in this study, did you experience any significa... = Yes

Q68 Would you please describe how your caregiving situation changed over the past three months?

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End of Block: Caregiving-related User and Environmental Characteristics follow-up

Start of Block: Global Physical and Mental Health follow-up

Q61 In general, how would you rate your physical health?

- ○ Excellent (1)
- ○ Very good (2)
- ○ Good (3)
- ○ Fair (4)
- ○ Poor (5)

Q62 To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- ○ Completely (1)
- ○ Mostly (2)
- ○ Moderately (3)
- ○ A little (4)
- ○ Not at all (5)

Q64 Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious, or on edge (1)	○	○	○	○
Not being able to stop or control worrying (2)	○	○	○	○
Little interest or pleasure in doing things (3)	○	○	○	○
Feeling down, depressed, or hopeless (4)	○	○	○	○

End of Block: Global Physical and Mental Health follow-up

Start of Block: Wearables and passive sensors assessment

Q69 Wearable activity monitors (like a Fitbit or smart watch) can collect information about your sleep. Do you use one of these devices?

- Yes - I wear it all the time, including to bed (1)
- Yes - but I only wear it during the daytime (2)
- No (3)
- I don't know (4)

Q72 Would you be interested in sharing data from a wearable activity monitor (either your own or if provided) with SHUTi as an alternative to entering sleep diaries?

- Very interested (1)
- Somewhat interested (2)
- Neutral (3)
- Somewhat uninterested (4)
- Not interested at all (5)

End of Block: Wearables and passive sensors assessment

Start of Block: Thank you payment

Q65 An important part of our research process is returning our findings to participants to receive their feedback about how well we understood their experiences. Would you be willing to be contacted in the future from our study to possibly help provide your feedback?

- Yes (1)
- No (2)

Q30
Thank you for completing this questionnaire! We would like to thank you with a $40 online gift

certificate. Please select which gift card you would prefer:

- ○ AMC Theatres (1)
- ○ Apple (41)
- ○ Bass Pro Shops (3)
- ○ Bath & Body Works (4)
- ○ Brinker International (6)
- ○ Caribou Coffee (8)
- ○ Columbia Sportswear (10)
- ○ Darden Restauraunts (12)
- ○ Fandango (14)
- ○ Athleta.com (16)
- ○ Banana Republic (17)
- ○ Gap Options (18)
- ○ Old Navy (19)
- ○ Piperlime.com (20)
- ○ Hot Topic (22)
- ○ IHOP Restauraunts (23)
- ○ Kohl's (26)
- ○ Panera Bread (28)
- ○ Papa John's (30)
- ○ Redbox (31)

- ○ Regal Entertainment (32)
- ○ Sephora (36)
- ○ Starbucks (37)
- ○ Staples (38)
- ○ Steak n Shake (39)
- ○ Target (42)
- ○ The Cheesecake Factory (43)
- ○ The Home Depot (44)
- ○ Walmart (40)

End of Block: Thank you payment