SHUTi-CARE Post-Assessment (SHUTi User)

Start of Block: SHUTi Evaluation

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions in the comment boxes beneath each item. Thank you very much; we really appreciate your help.

To what extent has SHUTi met your needs related to sleep?

- 4 Almost all of my needs have been met (1)
- 3 Most of my needs have been met (2)
- 2 Only a few of my needs have been met (3)
- 1 None of my needs have been met (4)

Display This Question:

If To what extent has SHUTi met your needs related to sleep? = 4 Almost all of my needs have been met

Or To what extent has SHUTi met your needs related to sleep? = 3 Most of my needs have been met

Q191 How did SHUTi meet your needs?

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Display This Question:

If To what extent has SHUTi met your needs related to sleep? = 2 Only a few of my needs have been met

Or To what extent has SHUTi met your needs related to sleep? = 1 None of my needs have been met

Q193 What could be different about SHUTi to meet more of your needs?

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Q195 If a friend were in need of similar help, would you recommend SHUTi to him or her?

- 1 No, definitely not (1)
- 2 No, I don't think so (2)
- 3 Yes, I think so (3)
- 4 Yes, definitely (4)

Display This Question:

If If a friend were in need of similar help, would you recommend SHUTi to him or her? = 1 No, definitely not

Or If a friend were in need of similar help, would you recommend SHUTi to him or her? = 2 No, I don't think so

Q197 What would have to be different about SHUTi to make you more likely to recommend it?

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Display This Question:

If If a friend were in need of similar help, would you recommend SHUTi to him or her? = 3 Yes, I think so

Or If a friend were in need of similar help, would you recommend SHUTi to him or her? = 4 Yes, definitely

Q199 What are reasons you think it would be helpful to others?

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Q201 In an overall, general sense, how satisfied are you with SHUTi?

- 4 Very satisfied (1)
- 3 Mostly satisfied (2)
- 2 Indifferent or mildly dissatisfied (3)
- 1 Quite dissatisfied (4)

Display This Question:

If In an overall, general sense, how satisfied are you with SHUTi? = 4 Very satisfied

Or In an overall, general sense, how satisfied are you with SHUTi? = 3 Mostly satisfied

Q203 What aspects of SHUTi did you like most?

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Display This Question:

If In an overall, general sense, how satisfied are you with SHUTi? = 2 Indifferent or mildly dissatisfied

Or In an overall, general sense, how satisfied are you with SHUTi? = 1 Quite dissatisfied

Q205 What would need to be different about SHUTi for you to be satisfied?

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Q207 If you were to seek help again for insomnia, would you use SHUTi again?

- 1 No, definitely not (1)
- 2 No, I don't think so (2)
- 3 Yes, I think so (3)
- 4 Yes, definitely (4)

Display This Question:

If If you were to seek help again for insomnia, would you use SHUTi again? = 1 No, definitely not

Or If you were to seek help again for insomnia, would you use SHUTi again? = 2 No, I don't think so

Q209 What would need to be different about SHUTi for you to consider using it again?

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Display This Question:

If If you were to seek help again for insomnia, would you use SHUTi again? = 3 Yes, I think so

Or If you were to seek help again for insomnia, would you use SHUTi again? = 4 Yes, definitely

Q211 Why would you be drawn to using SHUTi again?

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Page Break

Q213 The following are open-ended questions about your experience using SHUTi as a caregiver. Your perspective is very important to us so we can better help people going through a similar situation as you.

Q215 How did your responsibilities as a caregiver affect your ability to complete SHUTi or follow the SHUTi program recommendations?

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Q217 How did SHUTi help you as a caregiver?

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Page Break

Q219 SHUTi was initially developed among the general population. How did the educational content, recommendations, and delivery format fit for you as a caregiver?

Q221 Recalling that SHUTi was initially developed among the general population, what kinds of changes, if any, do you think we should consider to make sure caregivers can more easily use it?

Q223 How would tailoring intervention techniques, content, and delivery format to be more specific to caregivers change your experience with the SHUTi program?

Page Break

Q225 These questions are about your use of SHUTi, the web program / website you used during this study. Please read the items and tell us how you felt about using this web program / website.

Q229 How convenient was the web program to use?

- Not at all Convenient (0)
- Slightly Convenient (1)
- Somewhat Convenient (2)
- Mostly Convenient (3)
- Very Convenient (4)

How satisfied were you with the web program?

- Not at all (0)
- Slightly (1)
- Somewhat (2)
- Mostly (3)
- Very (4)

How good of a fit was the web program for you?

- Not at all (0)
- Slightly (1)
- Somewhat (2)
- Mostly (3)
- Very (4)

How useful did you find the information in the web program?

- Not at all (0)
- Slightly (1)
- Somewhat (2)
- Mostly (3)
- Very (4)

Page Break

These questions ask your opinion about SHUTi, the web program / website you used. These questions are about how helpful you felt it was for you.

How helpful was this web program?

- ○ Not at all (0)
- ○ Slightly (1)
- ○ Somewhat (2)
- ○ Mostly (3)
- ○ Very (4)

How well did the web program work for you?

- ○ Not at all (0)
- ○ Slightly (1)
- ○ Somewhat (2)
- ○ Mostly (3)
- ○ Very (4)

How well were you able to follow-through with the web program recommendations?

- ○ Not at all (0)
- ○ Slightly (1)
- ○ Somewhat (2)
- ○ Mostly (3)
- ○ Very (4)

Page Break

Q291 For the following questions, please think about how much the web program SHUTi helped.

Q301 How much did the web program help improve your sleep quality?

- Not at all (0)
- Slightly (1)
- Somewhat (2)
- Fairly (3)
- Very (4)
- This was not a problem for me (5)

Q317 How much did the web program help improve your ability to support your loved one as a caregiver?

- Not at all (1)
- Slightly (2)
- Somewhat (3)
- Fairly (4)
- Very (5)
- This was not a problem for me (6)

Page Break

Q321 Some people have problems when trying to use a web program. Please read the next items and tell us how much of a problem you had when trying to use the web program. Select whether each one was "Not a Problem," "A Little Problem," or "A Major Problem" when using the web program. If the item does not apply, please select "Not Applicable".

Q331 I just forgot to go to the web program.

- Not a Problem (0)
- A Little Problem (1)
- A Major Problem (2)
- Not Applicable (3)

Q333 I didn't want to go to the web program.

- Not a Problem (0)
- A Little Problem (1)
- A Major Problem (2)
- Not Applicable (3)

Q335 I didn't have time to go to the web program.

- Not a Problem (0)
- A Little Problem (1)
- A Major Problem (2)
- Not Applicable (3)

Q347 Caregiving issues stopped me from using the web program.

- Not a Problem (0)
- A Little Problem (1)
- A Major Problem (2)
- Not Applicable (3)

Q361 The daily requirements were too much for me to do.

- Not a Problem (0)
- A Little Problem (1)
- A Major Problem (2)
- Not Applicable (3)

Q363 The diaries took too long to complete.

- ○ Not a Problem (0)
- ○ A Little Problem (1)
- ○ A Major Problem (2)
- ○ Not Applicable (3)

Q365 I didn't think this web program was really going to help.

- ○ Not a Problem (0)
- ○ A Little Problem (1)
- ○ A Major Problem (2)
- ○ Not Applicable (3)

Page Break

Q367 Some people experience barriers or obstacles when using a web program.

How much of a part of the problem with YOUR use of the web program SHUTi was each of the following?

Please select whether each one was "No PART," "A Little PART," or "A Major PART" OF THE PROBLEM when using the website SHUTi.

If the item does not apply, please select "Not Applicable."

Q369 There were too many sleep rules to follow.

- ○ No Part (0)
- ○ A Little Part (1)
- ○ A Major Part (2)
- ○ Not Applicable (3)

Q371 My spouse/significant other did not like me using the website/following the sleep rules.

- ○ No Part (0)
- ○ A Little Part (1)
- ○ A Major Part (2)
- ○ Not Applicable (3)

Q293 The person who I provide care to did not like me using the website/following the sleep rules.

- No Part (0)
- A Little Part (1)
- A Major Part (2)
- Not Applicable (3)

Q373 I could not stick to the sleep restriction instructions.

- No Part (0)
- A Little Part (1)
- A Major Part (2)
- Not Applicable (3)

Q377 There were too many homework Activities.

- No Part (0)
- A Little Part (1)
- A Major Part (2)
- Not Applicable (3)

Q379 The homework Activities were too difficult.

- ○ No Part (0)
- ○ A Little Part (1)
- ○ A Major Part (2)
- ○ Not Applicable (3)

Page Break

Q381 Would any of the following have helped you to be more successful with SHUTi?

Q383 Personalized emails sent by SHUTi staff?

- ○ Not at all (0)
- ○ Somewhat (1)
- ○ Very much (2)

Q385 Phone reminders made by SHUTi staff?

- ○ Not at all (0)
- ○ Somewhat (1)
- ○ Very much (2)

Q387 Phone conversation with a clinician?

- ○ Not at all (0)
- ○ Somewhat (1)
- ○ Very much (2)

Q318 A forum to discuss with other caregivers going through the SHUTi program?

- Not at all (0)
- Somewhat (1)
- Very much (2)

End of Block: SHUTi Evaluation

Start of Block: Insomnia symptom and SHUTi cognitive mechanisms assessment

Q291 Click the button of the response (number, phrase, rating) that best matches your answer choice.

Q5.1 For the next two questions, think about your current sleep difficulties.

X→

Q5.6 How satisfied/dissatisfied are you with your current sleep pattern?

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

X→

Q5.7 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)

Page Break

Q5.10 Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, select the answer that corresponds to your own personal belief. Please respond to all items even though some may not apply directly to your own situation.

Q5.11 1. I need 8 hours of sleep to feel refreshed and function well during the day.

- Strongly Disagree0 (1)
- 1 (3)
- 2 (4)
- 3 (5)
- 4 (6)
- 5 (7)
- 6 (8)
- 7 (12)
- 8 (15)
- 9 (16)
- Strongly Agree10 (17)

Q5.12 2. When I don't get the proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.13 3. I am concerned that chronic insomnia may have serious consequences on my physical health.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.14 4. I am worried that I may lose control over my abilities to sleep.

- Strongly Disagree0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 (9)
- 9 (10)
- Strongly Agree10 (11)

Q5.15 5. After a poor night’s sleep, I know that it will interfere with my daily activities on the next day.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.16 6. In order to be alert and function well during the day, I believe I would be better off taking a sleeping pill rather than having a poor night’s sleep.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.17 7. When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.18 8. When I sleep poorly on one night, I know it will disturb my sleep schedule for the whole week.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.19 9. Without an adequate night’s sleep, I can hardly function the next day.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.20 10. I can’t ever predict whether I’ll have a good or poor night’s sleep.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.21 11. I have little ability to manage the negative consequences of disturbed sleep.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.22 12. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.23 13. I believe insomnia is essentially the result of a chemical imbalance.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.24 14. I feel insomnia is ruining my ability to enjoy life and prevents me from doing what I want.

- ○ Strongly Disagree0 (1)
- ○ 1 (2)
- ○ 2 (3)
- ○ 3 (4)
- ○ 4 (5)
- ○ 5 (6)
- ○ 6 (7)
- ○ 7 (8)
- ○ 8 (9)
- ○ 9 (10)
- ○ Strongly Agree10 (11)

Q5.25 15. Medication is probably the only solution to sleeplessness.

- Strongly Disagree0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 (9)
- 9 (10)
- Strongly Agree10 (11)

Q5.26 16. I avoid or cancel obligations (social, family) after a poor night's sleep.

- Strongly Disagree0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 (9)
- 9 (10)
- Strongly Agree10 (11)

Page Break

Q5.29 For each statement below, please indicate how strongly you agree or disagree.

	Strongly Disagree 1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Strongly Agree 6 (6)
If I take care of myself, I can avoid insomnia. (1)	○	○	○	○	○	○
Whether I have insomnia is entirely up to me. (2)	○	○	○	○	○	○
Good sleep is largely a matter of luck. (3)	○	○	○	○	○	○
No matter what I do, if I am going to have a sleepless night, I will. (4)	○	○	○	○	○	○
When I have insomnia, I know it is because of something I have done (e.g., not enough time to relax, worrying about things that I can't control, worrying about not sleeping). (5)	○	○	○	○	○	○
People who never get insomnia are just plain lucky. (6)	○	○	○	○	○	○

People's insomnia results from their own carelessness. (7)	○	○	○	○	○	○
I am directly responsible for my sleep. (8)	○	○	○	○	○	○

End of Block: Insomnia symptom and SHUTi cognitive mechanisms assessment

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

Q3.1 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

Q294 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

Q295 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

Q296 In general, how would you rate your physical health?

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

Q297 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)

Q299 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

Start of Block: Wearables and passive sensors assessment

Q319 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)

Q320 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 and payment

Q304 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)

Q293

Thank you for completing this questionnaire! We ask that you next complete the 10 daily sleep diaries - you will receive more information about that by email.

Once you complete these diaries, you will be eligible to receive 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 and payment