Supplementary file 2. Adolescent Insomnia Questionnaire (AIQ)

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| The following statements are about your sleep and possible difficulties with sleep. We would like to know more about your sleep during a **usual week**. If the last week was unusual for some reason, think about the most recent typical week. For each statement, mark the answer that best describes you. | | | | | |
|  | **Never** | **Almost Never** | **Sometimes** | **Often** | **Almost Always** |
| 1. I have difficulty falling asleep. | **0** | **1** | **2** | **3** | **4** |
| 2. I wake up too early and cannot fall back asleep. | **0** | **1** | **2** | **3** | **4** |
| 3. I am satisfied with my sleep. | **0** | **1** | **2** | **3** | **4** |
| 4. I fall asleep quickly. | **0** | **1** | **2** | **3** | **4** |
| 5. I feel sleepy or tired during the day. | **0** | **1** | **2** | **3** | **4** |
| 6. It is hard for me to fall back to sleep when I wake up during the night. | **0** | **1** | **2** | **3** | **4** |
| 7. It takes me more than a half hour to fall asleep. | **0** | **1** | **2** | **3** | **4** |
| 8. I sleep through the night. | **0** | **1** | **2** | **3** | **4** |
| 9. It is easy for me to settle down when it is time to go to sleep. | **0** | **1** | **2** | **3** | **4** |
| For the next statements, please think about how your sleep has affected you ***during the day*** in a **usual week**. If the last week was unusual for some reason, think about the most recent typical week. For each statement, mark the answer that best describes you. | | | | | |
|  | **Never** | **Almost Never** | **Sometimes** | **Often** | **Almost Always** |
| 10. I have trouble going to school because of sleep problems. | **0** | **1** | **2** | **3** | **4** |
| 11. I have trouble paying attention in class or concentrating because of poor sleep. | **0** | **1** | **2** | **3** | **4** |
| 12. I feel grumpy or sad because of poor sleep. | **0** | **1** | **2** | **3** | **4** |
| 13. I have trouble doing things with friends because of poor sleep. | **0** | **1** | **2** | **3** | **4** |

