

PSYCHOSOCIAL DETERMINANTS OF SLEEP HYGIENE SCALES

The following questions relate to some general daytime routines and what you do before going to bed.



Please indicate your level of confidence in engaging in the following behaviours for the general purpose of keeping your sleep healthy.

SELF-EFFICACY	Item	<i>I can...</i>	Not at all confident (0)	A little confident (1)	Moderately confident (2)	Very confident (3)	Extremely confident (4)
	sef_1	... avoid caffeinated beverages (coffee, tea, energy drinks, etc.) right before bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_2	... avoid nicotine right before bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_3	... avoid alcohol right before bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_4	... exercise on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_5	... reduce my stress levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_6	... reduce the impact of noise and nuisance in my bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_7	... keep my sleep/wake times consistent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_8	... avoid taking daytime naps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_9	... avoid using technological devices (e.g., phone, TV, laptop, etc.) right before bedtime or in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sum score:

PSYCHOSOCIAL DETERMINANTS OF SLEEP HYGIENE SCALES

The following questions relate to some general daytime routines and what you do before going to bed.



The following sections ask how confident you are about making specific choices.

Rate how confident you are that you can make the following choices over the next 3 months.

BEHAVIOURAL CAPABILITY	Item	<i>Whenever I have the opportunity to...</i>	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Always (4)
	bcp_1	... drink coffee/tea/energy drinks right before bedtime, I know how to avoid them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	bcp_2	... smoke a cigarette right before bedtime, I know how to avoid it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	bcp_3	... drink alcohol right before bedtime, I know how to avoid it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	bcp_4	... do some exercise, I know how to make it happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	bcp_5	... reduce my stress levels, I know how to relax and unwind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	bcp_6	... minimise the impact of noise and nuisance in my bedroom, I know how to remove all sources of noise and nuisance or block them out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	bcp_7	... set my own sleep and wake times, I know how to keep them consistent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	bcp_8	... take a daytime nap, I know how to avoid it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	bcp_9	... use technological devices right before bedtime or in bed, I know how to avoid or remove them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sum score:

PSYCHOSOCIAL DETERMINANTS OF SLEEP HYGIENE SCALES

The following questions relate to some general daytime routines and what you do before going to bed.



The following questions list a number of things, which may or may not impact your sleep-related habits over the next 3 months. For each question, please indicate how much you agree with each statement.

OUTCOME EXPECTATIONS

Item	For me...	Strongly disagree (0)	Disagree (1)	Slightly disagree (2)	Neither disagree nor agree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)
oeo_1	... avoiding caffeine/tea or energy drinks would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oeo_2	... avoiding nicotine would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oeo_3	... avoiding alcohol would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oeo_4	... exercising regularly would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oeo_5	... reducing my stress levels would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oeo_6	... reducing the impact of noise and nuisance in my bedroom would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oeo_7	... keeping consistent sleep/wake times would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oeo_8	... avoiding daytime naps would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oeo_9	... avoiding the use of technological devices right before bedtime or in bed would help me sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sum score:

PSYCHOSOCIAL DETERMINANTS OF SLEEP HYGIENE SCALES

The following questions relate to some general daytime routines and what you do before going to bed.



The following questions list a number of things, which may or may not impact your sleep-related habits over the next 3 months. For each question, please rate how important each statement is to you.

OUTCOME EXPECTANCIES	Item	<i>How important is it to...</i>	Not at all important (0)	Only slightly important (1)	Important (2)	Extremely important (3)
	oei_1	... avoid caffeine/tea or energy drinks to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oei_2	... avoid nicotine to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oei_3	... avoid alcohol to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oei_4	... exercise regularly to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oei_5	... reduce stress to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oei_6	... reduce bedroom noise and nuisance to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oei_7	... keep sleep/wake times consistent to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oei_8	... avoid daytime naps to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oei_9	... avoid technological devices right before bedtime or in bed to sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sum score:

PSYCHOSOCIAL DETERMINANTS OF SLEEP HYGIENE SCALES

The following questions relate to some general daytime routines and what you do before going to bed.



Now, referring to your friends, family members, partner or your housemates, please indicate your level of agreement with the following statements.

SOCIAL SUPPORT	Item	<i>Most people who are important to me would encourage me to...</i>	Strongly disagree (0)	Disagree (1)	Neither disagree nor agree (2)	Agree (3)	Strongly agree (4)	Strongly disagree (5)
	soc_1	... avoid caffeine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	soc_2	... avoid nicotine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	soc_3	... avoid alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	soc_4	... exercise regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	soc_5	... reduce my stress levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	soc_6	... reduce the impact of noise and nuisance in my bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	soc_7	... keep my sleep and wake times consistent or keep the same schedule as me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	soc_8	... avoid taking daytime naps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	soc_9	... avoid the use of technological devices right before bedtime or in bed and not use them either when they are in the same bedroom/bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sum score:

PSYCHOSOCIAL DETERMINANTS OF SLEEP HYGIENE SCALES

The following questions relate to some general daytime routines and what you do before going to bed.



Please indicate to what extent you intend to engage in the following behaviours over the next 3 months.

INTENTIONS	Item	<i>I intend to...</i>	No, not really (0)	(1)	(2)	Somewhat intend (3)	(4)	(5)	Strongly intend (6)
	int_1	... avoid caffeine, especially right before bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	int_2	... avoid nicotine, especially right before bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	int_3	... avoid alcohol, especially right before bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	int_4	... be more physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	int_5	... reduce my stress levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	int_6	... keep my bedroom free of noise and nuisance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	int_7	... keep my sleep and wake times more consistent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	int_8	... take fewer daytime naps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	int_9	... avoid using technological devices, especially right before bedtime or in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sum score:

PSYCHOSOCIAL DETERMINANTS OF SLEEP HYGIENE SCALES

The following questions relate to some general daytime routines and what you do before going to bed.



Next, we are going to ask you about your planning related to sleep over the next 3 months.

PLANNING	Item	<i>I have planned where, when and how I will...</i>	No plans (0)	(1)	(2)	(3)	(4)	(5)	Detailed plans (6)
	pln_1	... avoid caffeine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pln_2	... avoid nicotine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pln_3	... avoid alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pln_4	... exercise regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pln_5	... reduce my stress levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pln_6	... minimise the impact of noise and nuisance in my bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pln_7	... keep my sleep and wake times consistent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pln_8	... avoid daytime naps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pln_9	... avoid using technological devices right before bedtime or in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sum score:

SCORING INSTRUCTIONS



For each of the seven scales, add up the scores from all nine items to calculate a sum score.

For scales with response choices ranging from 0-3 (oei), the range of sum scores is 0-27.

For scales with response choices ranging from 0-4 (sef, bcp), the range of sum scores is 0-36.

For scales with response choices ranging from 0-5 (soc), the range of sum scores is 0-45

For scales with response choices ranging from 0-6 (oeo, int, pln), the range of sum scores is 0-54.

Interpretation: Higher scores indicate stronger psychosocial dispositions for sleep hygiene.

PSYCHOSOCIAL DETERMINANTS OF SLEEP HYGIENE SCALES

The following questions relate to some general daytime routines and what you do before going to bed.



Please indicate your level of confidence in engaging in the following behaviours for the general purpose of keeping your sleep healthy.

SELF-EFFICACY	Item	<i>I can...</i>	Not at all confident (0)	A little confident (1)	Moderately confident (2)	Very confident (3)	Extremely confident (4)
	sef_1	... avoid caffeinated beverages (coffee, energy drinks, etc.) right before bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	sef_2	... avoid nicotine right before bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	sef_3	... avoid alcohol right before bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	sef_4	... exercise on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_5	... reduce my stress levels.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sef_6	... reduce the impact of noise and nuisance in my bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	sef_7	... keep my sleep/wake times consistent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	sef_8	... avoid taking daytime naps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	sef_9	... avoid using technological devices (e.g., phone, TV, laptop, etc.) right before bedtime or in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Sum score: 24				

EXAMPLE SCORING: sef_1 = 4; sef_2 = 3; sef_3 = 3; sef_4 = 2; sef_5 = 1; sef_6 = 3; sef_7 = 3; sef_8 = 3; sef_9 = 2

EXAMPLE SUM SCORE: sef_1 + sef_2 + sef_3 + sef_4 + sef_5 + sef_6 + sef_7 + sef_8 + sef_9 = 24