

Supplementary Materials: Questions of Online Survey

Introduction

Dear parent/guardian,

The Sleep Charity (www.thesleepcharity.org.uk) and Sheffield Children's NHS Foundation Trust (www.sheffieldchildrens.nhs.uk) have partnered with NIHR Children and Young People MedTech Co-operative (www.cypmedtech.nihr.ac.uk) to produce this survey.

The survey will look specifically at changes to children's sleep patterns, the reasons for these changes, and the impact of these changes as we recover from the COVID-19 pandemic in the UK and as children start to go back to school. Our aim is to gain a greater understanding of the effect of the pandemic on children's sleep and to raise awareness. Completing this survey will enable us to identify different ways of providing support to families in need.

The survey will take about 15 minutes to complete and we'd be grateful if you could spare the time to complete one for each child in your household under the age of 18 years, whether they have had sleep problems or not. Please feel free to skip any questions you would prefer not to answer.

This survey is anonymous. If you are happy for us to contact you again for follow up, please provide your email address at the end of the survey.

Please contact us if you have any questions (cypmedtech@nihr.ac.uk).

Thank you for taking the time to complete this survey.

About you (parent/guardian)

1. What is your employment status?

- Key worker
- Working on business premises
- Working from home
- Not working (including being made redundant or furloughed)
- Other (please specify):

2. What is your marital status?

- Single
- Married
- Other (please specify):

3. What is the first half of your postcode (e.g., S10)?

4. How many children are in your household?

5. Have you, a close friend, or family member been hospitalised with COVID-19?

- Yes
- No

6. Have you personally had increased anxiety or stress due to the pandemic?

- Not at all
- A little
- Moderately
- A lot

7. Has your sleep pattern been affected by the pandemic?

	Over 2 hours earlier	1-2 hours earlier	Up to 1 hour earlier	No change	Up to 1 hour later	1-2 hours later	Over 2 hours later
Going to bed	<input type="checkbox"/>						
Getting up	<input type="checkbox"/>						

8. How much has your use of electronic devices (e.g., TVs, tablets, gaming machines, phones, computers) changed per day during the pandemic?

	Over 2 hours less	1-2 hours less	Up to 1 hour less	No change	Up to 1 hour more	1-2 hours more	Over 2 hours more
During the day	<input type="checkbox"/>						
At bedtime	<input type="checkbox"/>						

9. How much has the amount of exercise you usually do per week changed during the pandemic?

- Over 2 hours less
- 1-2 hours less
- Up to 1 hour less
- No change
- Up to 1 hour more
- 1-2 hours more
- Over 2 hours more

10. Has your weight changed during the pandemic?

- No change
- Lost weight
- Gained weight
- Don't know

About your child

11. How old is your child (in years)?

12. What is your child's gender?

- Male
 Female

13. Which type of school does your child usually attend?

- Private day nursery
 Childminder
 Pre-school
 State school
 Independent school
 Special school
 Home
 Other (please specify):

14. Which school year are they in/would they be in currently?

15. Did your child attend school in person during lockdown in March, April, and/or May?

- Yes
 No

16. Has your child been back to school in person since the beginning of June?

- Yes
 No

17. Does your child have special educational needs?

Yes

No

If yes, what is their diagnosis (ADHD/autism/learning difficulties/other)?

18. Is your child currently under assessment or on a waiting list for an additional need?

Yes

No

19. Does your child have a pre-existing mental health diagnosis?

Yes

No

If yes, what is their diagnosis (depression/anxiety/other)?

20. Has your child been seeing a therapist or counsellor for a mental health condition?

	Yes	No
Before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>
Now	<input type="checkbox"/>	<input type="checkbox"/>

About your child's sleep pattern during the pandemic compared with before the pandemic

21. Does your child have a regular bedtime?

	Yes	No
Before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>
Now	<input type="checkbox"/>	<input type="checkbox"/>

22. Does your child have a regular wake-up time?

	Yes	No
Before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>
Now	<input type="checkbox"/>	<input type="checkbox"/>

23. How has your child's sleep pattern been affected by the pandemic (excluding any effect of changes in daylight hours)?

	Over 2 hours earlier	1-2 hours earlier	Up to 1 hour earlier	No change	Up to 1 hour later	1-2 hours later	Over 2 hours later
Going to bed	<input type="checkbox"/>						
Getting up	<input type="checkbox"/>						

24. How has the time it takes your child to get to sleep at bedtime changed during the pandemic?

- Up to 1 hour faster
- No change
- Up to 1 hour longer
- 1-2 hours longer
- Over 2 hours longer

25. How has your child been woken up during the pandemic (select all that apply)?

- By you
- By an alarm
- By themselves (naturally)
- Other (please specify):

26. Overall, how has the amount of sleep your child is getting changed during the pandemic?

- Over 2 hours less
- 1-2 hours less
- Up to 1 hour less
- No change
- Up to 1 hour more
- 1-2 hours more
- Over 2 hours more

27. How is your child's sleep routine different at the weekends compared to weekdays?

	Over 2 hours earlier	1-2 hours earlier	Up to 1 hour earlier	No change	Up to 1 hour later	1-2 hours later	Over 2 hours later
Before the pandemic	<input type="checkbox"/>						
Now	<input type="checkbox"/>						

28. Has your child been going to bed after you?

	Yes	No
Before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>
Now	<input type="checkbox"/>	<input type="checkbox"/>

29. Is your child currently reporting more nightmares or vivid dreams?

- Yes
- No

30. Is your child currently experiencing more night terrors, sleepwalking, bedwetting?

- Yes
- No

31. Is your child currently getting up or waking up more during the night?

- Yes
- No

32. Is your child currently getting into your bed more during the night?

- Yes

No

About your child's activities around bedtime during the pandemic compared with before the pandemic

33. Is your child currently finding it harder to get to sleep?

Yes

No

34. Does your child need a parent/carer to be with them at bedtime?

	Yes	No
Before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>
Now	<input type="checkbox"/>	<input type="checkbox"/>

35. Does your child use electronic devices (e.g., TVs, tablets, gaming machines, phones, computers) in the hour before bedtime?

	Yes	No
Before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>
Now	<input type="checkbox"/>	<input type="checkbox"/>

About your child's daytime activities during the pandemic compared with before the pandemic

36. During the day, which electronic devices has your child been using for recreation and education during the pandemic (select all that apply)?

	TV	Tablet	Phone	Gaming machines	Computer
Recreation	<input type="checkbox"/>				
Education	<input type="checkbox"/>				

Other (please specify):

37. How has your child's daytime use of electronic devices changed during the pandemic?

	Over 2 hours less	1-2 hours less	Up to 1 hour less	No change	Up to 1 hour more	1-2 hours more	Over 2 hours more
Recreation	<input type="checkbox"/>						
Education	<input type="checkbox"/>						

38. How has the amount of exercise your child usually does per week changed during the pandemic?

- Over 2 hours less
- 1-2 hours less
- Up to 1 hour less
- No change
- Up to 1 hour more
- 1-2 hours more
- Over 2 hours more

39. Has your child's weight changed during the pandemic?

- No change
- Lost weight
- Gained weight
- Don't know

40. Have your child's mealtimes and other daytime routines changed during the pandemic?

- Yes

No

If yes, please specify (e.g., missing meals, skipping breakfast, more snacking, mealtimes changed because of sleep pattern):

About the impact of your child's reduced sleep (if applicable)

If this section is not applicable to you (i.e., your child has not been experiencing reduced sleep), please skip to the next section.

41. Has your child's reduced sleep had an impact on your wellbeing?

- Yes
- No
- Not applicable

42. Have you been more depressed, anxious, stressed, sad, tearful (due to your child's sleep problem)?

- Not at all
- A little
- Moderately
- A lot
- Not applicable

43. Have you found it more difficult to cope (due to your child's sleep problem)?

- Not at all
- A little
- Moderately
- A lot
- Not applicable

44. Have you been physically unwell (due to your child's sleep problem)?

- Not at all
- A little
- Moderately
- A lot
- Not applicable

45. Has your child's reduced sleep had an impact on their siblings' wellbeing?

- Yes
- No
- Not applicable

46. Have any siblings been more depressed, anxious, stressed, sad, or tearful (due to your child's sleep problem)?

- Not at all
- A little
- Moderately
- A lot
- Not applicable

47. Has your child's reduced sleep had an impact on their own wellbeing?

- Yes
- No
- Not applicable

48. Has your child become more hyperactive during the pandemic?

- Not at all
- A little
- Moderately
- A lot

49. Has your child become more demotivated during the pandemic?

- Not at all
- A little
- Moderately
- A lot

50. Has your child become more depressed, sad, or tearful during the pandemic?

- Not at all
- A little
- Moderately
- A lot

51. Has your child been more anxious or stressed during the pandemic?

- Not at all
- A little
- Moderately
- A lot

If yes, what is the main cause of their anxiety (concerns about getting ill themselves, concerns about a family member getting ill, difficulty coping with changes to their routine, coping with reduced social contact, other)?

52. Has increased anxiety made your child's sleep worse?

- Not at all
- A little
- Moderately
- A lot
- Not applicable

53. If your child already suffered with mental health conditions, have these been worse during the pandemic?

- Not at all
- A little
- Moderately
- A lot
- Not applicable

About how much home-schooling has had an impact on your child's sleep pattern

54. How much has not going to school in person led to a change in your child's sleep routine?

- Not at all
- A little
- Moderately
- A lot
- Not applicable

What has been the main change?

55. How has your child's happiness changed while being home schooled?

- Much more unhappy
- Moderately more unhappy
- A little more unhappy
- No change
- A little more happy
- Moderately more happy
- Much more happy
- Not applicable

56. Has home schooling affected your child's anxiety/stress levels?

- A lot more anxious/stressed
- Moderately more anxious/stressed
- A little more anxious/stressed
- No change
- A little less anxious/stressed
- Moderately less anxious/stressed
- A lot less anxious/stressed
- Not applicable

57. Has home schooling affected your anxiety/stress levels?

- A lot more anxious/stressed

- Moderately more anxious/stressed
- A little more anxious/stressed
- No change
- A little less anxious/stressed
- Moderately less anxious/stressed
- A lot less anxious/stressed
- Not applicable

58. Will you consider home schooling after the pandemic?

- Yes
- No
- Not applicable

59. Has your child missed their friends during the pandemic?

- Not at all
- A little
- Moderately
- A lot

60. Has your child felt lonely during the pandemic?

- Not at all
- A little
- Moderately
- A lot

61. How has your child been socialising with their friends during the pandemic (select all that apply)?

- Hasn't been socialising with friends
- Phone messaging
- Social media
- Gaming
- Phone calls
- Video calls
- Incidental meetings during daily exercise
- Other (please specify):

62. Has your child been socialising with their friends online after midnight?

	Yes	No	Don't know
Before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Has your child been doing school work in their bedroom?

	Yes	No
Before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>
Now	<input type="checkbox"/>	<input type="checkbox"/>

About your child's sleep and the transition back to school

64. Does your child want to go back to school?

- Yes
- Doesn't mind
- No
- Not applicable

65. Is your child anxious about going back to school?

- Yes
- No
- Not applicable

66. Is your child afraid of going back to school due to COVID-19?

- Yes
- No
- Not applicable

67. Is your child anxious about what it will be like when they go back to school?

- Yes
- No
- Not applicable

68. Is anxiety about going back to school currently having an impact on your child's sleep?

- Yes
- No
- Not applicable

69. Is your child anxious that it will be difficult to get their sleep pattern back to normal when they go back to school?

- Yes
- No
- Not applicable

70. Are you anxious that it will be difficult to get your child's sleep pattern back to normal when they go back to school?

- Yes
- No
- Not applicable

About your child and hospital/medications during the pandemic

71. Who have you contacted about your child's sleep problems during the pandemic (select all that apply)?

- Not applicable
- No one
- GP
- Health visitor
- Other (please specify):

72. Have you had a hospital appointment for your child's sleep problems during the pandemic?

- Yes
- No

73. Has your child been prescribed any additional medication for sleep problems during the pandemic?

- Yes
- No

If so, was this medication regular or occasional?

74. If support from a sleep practitioner was available, would you be interested?

- Yes
- No

75. If support from a sleep app was available, would you be interested?

- Yes
- No

76. Please feel free to add any further comments below.

77. If you are happy for us to contact you again to follow up on your responses to this survey, please provide your email address below.

Email address

Thank you for taking the time to complete this survey.

Please contact us if you have any questions or would like any further information
(cypmedtech@nhr.ac.uk).

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