

Candidate predictors considered for inclusion in the model.

Question	Response Options
What is the level of your vision in the better eye?	LP (ref), NPL
Have either of your eyes been enucleated (removed)?	no (ref), yes
During the past month, how many hours of actual sleep did you get at night? (This may be different from the number of hours spent in bed.) Hours of sleep per night	hours, continuous
During the past month, how often have you had trouble sleeping because you cannot get to sleep within 30 minutes?	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
Do you go through periods of good sleep and periods of bad sleep?	no (ref), yes
Do you feel that your sleep pattern has changed since the deterioration of your vision?	no (ref), yes, n/a
During the past month, how much of a problem has it been for you to show enthusiasm to get things done?	no problem at all (ref), only a very slight problem, somewhat of a problem, a very big problem
During the past month, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
Do you regularly wear scleral shells? ²	no (ref), yes
What was your approximate age of onset of your visual loss? ²	age, continuous
Do you fall asleep during conversations? ²	no (ref), rarely, often
During the past month, how long (in minutes) has it usually take you to fall asleep each night? ^{2*}	< 6 minutes, 6-19 minutes (ref), >19 minutes
During the past month, how often have you had trouble sleeping because you have to get up to use the bathroom? ^{2*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
During the past month, how often have you had trouble sleeping because you have pain? ^{2*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
During the past month, how often have you had trouble sleeping because of other reason(s)? ^{2*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
During the past month, how would you rate your sleep quality overall? ^{2*}	very good (ref), fairly good, fairly bad, very bad
Have either of your eyes been enucleated (removed)? ²	None or one (ref), both 9
During the past month, when have you usually gotten up in the morning? ^{1*}	time, continuous
During the past month, how often have you had trouble sleeping because you wake up in the middle of the night or early morning? ^{1*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
During the past month, how often have you had trouble sleeping because you cannot breathe comfortably? ^{1*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week

During the past month, how often have you had trouble sleeping because you cough or snore loudly? ^{1*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
During the past month, how often have you had trouble sleeping because you feel too cold? ^{1*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
During the past month, how often have you had trouble sleeping because you feel too hot? ^{1*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
During the past month, how often have you had trouble sleeping because you had bad dreams? ^{1*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? ^{1*}	not during the past month (ref), less than once a week, once or twice a week, three or more times a week
Do you fall asleep during the day? ¹	never (ref), rarely, often, usually
Do you have any difficulty getting up in the mornings? ¹	no (ref), yes
Is your sleep pattern cyclic? ²	no (ref), yes
How often do you get up and turn on a light at night? ¹	never (ref), rarely, often, usually
Do you ever skip a night's sleep? ¹	no (ref), yes
Is your sleep pattern different during work-free periods (e.g. vacations, weekends)? ¹	no (ref), yes, n/a
Does your sleep pattern affect your social or occupational life? ¹	no (ref), yes
Do you fall asleep while traveling in car/bus/train? ¹	no (ref), rarely, often
Do you fall asleep while watching/listening to TV/radio? ¹	no (ref), rarely, often
Do you fall asleep during meals? ¹	no (ref), rarely, often
Do you fall asleep during meetings? ¹	no (ref), rarely, often
Do you take melatonin tablets? ¹	no (ref), yes
If No, have you taken melatonin tablets in the past? ¹	no (ref), yes
During the past month, when have you usually gone to bed at night? ¹	time, continuous
You may have heard about “morning” and “evening” type people who prefer to do physical, difficult or concentrated tasks at particular times of the day. Which one of these types do you consider yourself to be? ^{1**}	definitely a “morning” type, rather more a “morning” than an “evening” type/rather more an “evening” than a “morning” type (ref), definitely an “evening” type? 23

¹ Removed, because this predictor was not selected in the first round

² Removed, because this predictor was not selected in the second round

* Component in the Pittsburgh Sleep Quality Index

** Component in the Horne Oostberg Questionnaire