Supplementary Table 1: Template for Intervention Description and Replication (TIDieR) checklist

Name of intervention	Sleep Restriction Therapy (SRT) for Insomnia Disorder
Why	Insomnia is assumed to be maintained, in part, by excessive amounts of time in bed and irregular sleep-wake schedules, which serve to fragment sleep. Time in bed awake further contributes to insomnia because the bed/bedroom environment may become associated with wakefulness over time; subsequently acting as a trigger for arousal and sleep fragmentation. SRT aims to: 1) restrict time in bed (to enhance sleep efficiency); 2) regularise the timing of the sleep-wake cycle; and 3) recondition the bed-sleep association (21).
What: Materials	*Materials for patients*: patients will be provided with a folder at the beginning of the intervention. This folder contains: a copy of the slides used during session 1; worksheets to complete during sessions 1-4; sleep diaries and sleep efficiency grids to enable recording of sleep efficiency each day during the 4-week intervention period; and a booklet which contains enhanced information on the background and implementation of SRT, including quotes from patients who have previously underwent SRT, as well as guidance on sleep hygiene. This guidance briefly covers lifestyle behaviours (e.g., caffeine, alcohol use, exercise) and environmental factors (e.g., light, temperature) that influence sleep. *Materials for nurses*: nurses will be provided with a training folder (as part of a 4-hour training session) which contains background information on sleep, insomnia (including its development and maintenance) and SRT. The folder also contains a list of frequently asked questions in relation to trouble-shooting and specific patient scenarios that may arise, with standardised guidance on how to navigate. Nurses will be provided with access to two recorded videos that give an overview of insomnia and SRT implementation. Nurses will be provided with a power-point slide set to work through with each patient during session 1. They will also work through a structured checklist (completed online) for each session to guide content and structure.
What: Procedures	In session 1 the nurse will work through Power-Point slides with the participant to introduce the rationale for SRT alongside a review of (baseline) sleep diaries, selection of bed and rise-times (for the following seven nights), management of daytime sleepiness (including implications for driving), and discussion of barriers/facilitators to implementation. Participants will be provided with diaries and sleep efficiency calculation grids to support implementation of SRT instructions and permit weekly review of progress. Sessions 2, 3 and 4 will be brief sessions to review progress, trouble-shoot any difficulties and advise upon titration of the sleep schedule.
Who provided	Registered practice nurses in primary care and research nurses from clinical research networks will be trained to deliver SRT.
How provided	Intervention is delivered one-to-one, involving both face-to-face (sessions 1 and 3) and over the phone contacts (sessions 2 and 4).
Where	The face-to-face sessions will take place in a consultation room within general practice.
When and how much	Intervention will be delivered over four sessions. Duration and format of sessions is as follows: • session 1 (in-person, ~30 minutes) • session 2 (by phone, ~10 minutes) • session 3 (in-person, ~15 minutes) • session 4 (by phone, ~10 minutes).

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<tr><td>Tailoring</td><td>The treatment will be tailored to each individual's sleep pattern but follows standardised instructions for setting and titrating time in bed (TIB):

<table>
<tr><th>Criterion</th><th>SRT</th></tr>
<tr><td>Calculation of prescribed time in bed (TIB)</td><td>Based on average total sleep time (TST) from baseline 7-day sleep diary. Minimum TIB = 5 hrs.</td></tr>
<tr><td>Rise time selection</td><td>Time that aligns with working schedule and can be adhered to 7 days a week</td></tr>
<tr><td>Bed time selection</td><td>Typically delayed in order to equal the prescribed TIB.</td></tr>
<tr><td>Weekly adjustments to TIB based on average sleep efficiency for 7 days (SE) (sessions 2-4)</td><td>a) SE ≥ 85% increase TIB by 15 minutes
b) SE = 80-84% no change to TIB
c) SE ≤ 79% decrease TIB by 15 minutes

Adjustments (advancing or delaying) are typically made to the prescribed bed-time.</td></tr>
<tr><td>Napping</td><td>Recommendation to eliminate all napping</td></tr>
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The nurse will be encouraged to adapt the TIB prescription in the following circumstances: patient is struggling to adhere, or cannot tolerate the restriction; patient is excessively sleepy; or change in health precludes full implementation. In these circumstances nurses will be encouraged to agree a revised time in bed (increasing in 15 minute blocks) until the patient is content.

On completion of nurse sessions participants are encouraged to continue self-implementing SRT on their own according to the standardised rules. Participants are provided with sleep diaries and grids to enable self-implementation at home. Once daytime functioning has improved and sleep efficiency remains high – and no further sleep is obtained with additional TIB – the participant has reached their optimal sleep schedule.</td></tr>
<tr><td>How well</td><td>Face-to-face sessions are audio-recorded and independently appraised for fidelity by a Clinical Psychologist experienced in cognitive behavioural therapy for insomnia. Nurses follow and 'sign-off' a checklist at the end of each session in order to capture duration of session and adherence to treatment instructions.</td></tr>
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