Supplemental Online Content

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This supplemental material has been provided by the authors to give readers additional information about their work.

eMethods. Assessment Instruments.

Insomnia Severity Index (ISI). The ISI[38] is a 7-item, self-rated questionnaire used to asses perceived severity over the past month of nighttime insomnia symptoms (i.e., sleep onset, sleep maintenance, early morning awakening), sleep satisfaction, interference of sleep difficulties with daytime functioning, noticeability of sleep problems, and distress caused by sleep difficulties. Each item is rated on a 5-point Likert scale and summed to yield a total score (range: 0-28), with higher scores indicative of severe insomnia. The ISI has excellent psychometric properties[38].

The Pittsburgh Sleep Quality Index (PSQI). The PSQI[39] is a 19-item, self-rated questionnaire to assess sleep quality over the past month. Seven subscales (sleep quality, latency, duration, habitual sleep efficiency, sleep disturbances, daytime dysfunction, and use of sleep medication) are derived (each weighted equally from 0-3) and summed to obtain a global score (range: 0–21), with higher scores (>5) indicating poorer sleep quality. Psychometric properties of the PSQI are well documented[39].

**eTable. Number of Completed Assessments by Insomnia Status**

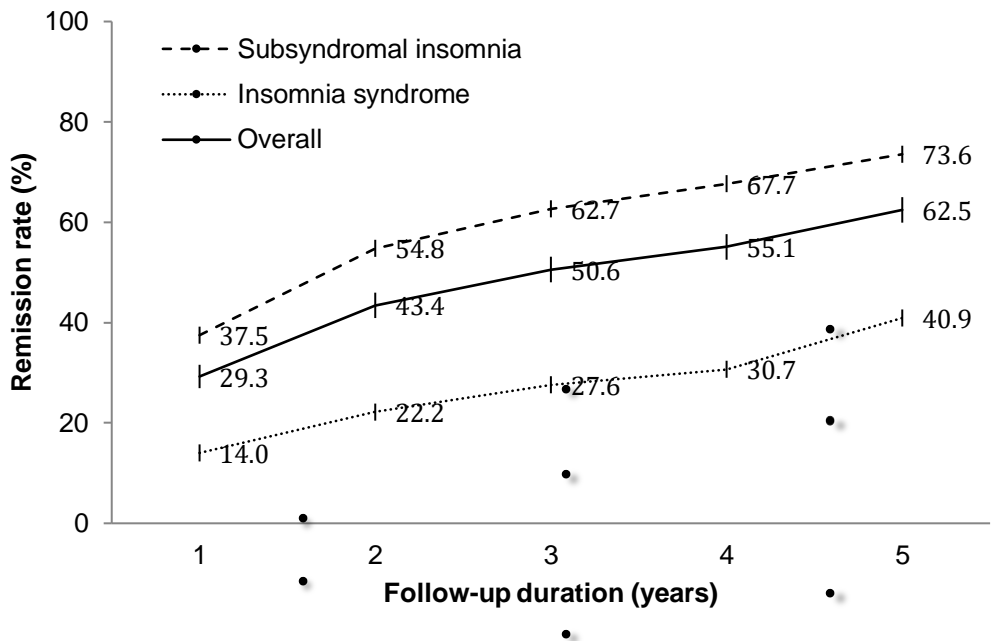| Time	Baseline	1 year	2 years	3 years	4 years	5 years
Good Sleepers	N=1717* (100%)	N=1355 (78.9%)	N=1287 (75.0%)	N=1287 (75.0%)	N=1225 (71.4%)	N=1198 (69.8%)
Subsyndromal Insomnia	N=818 (100%)	N=636 (77.8%)	N=600 (73.4%)	N=605 (74.0%)	N=578 (70.7%)	N=568 (69.4%)
Insomnia Syndrome	N=538 (100%)	N=382 (71.0%)	N=346 (64.3%)	N=348 (64.7%)	N=316 (58.7%)	N=297 (55.2%)
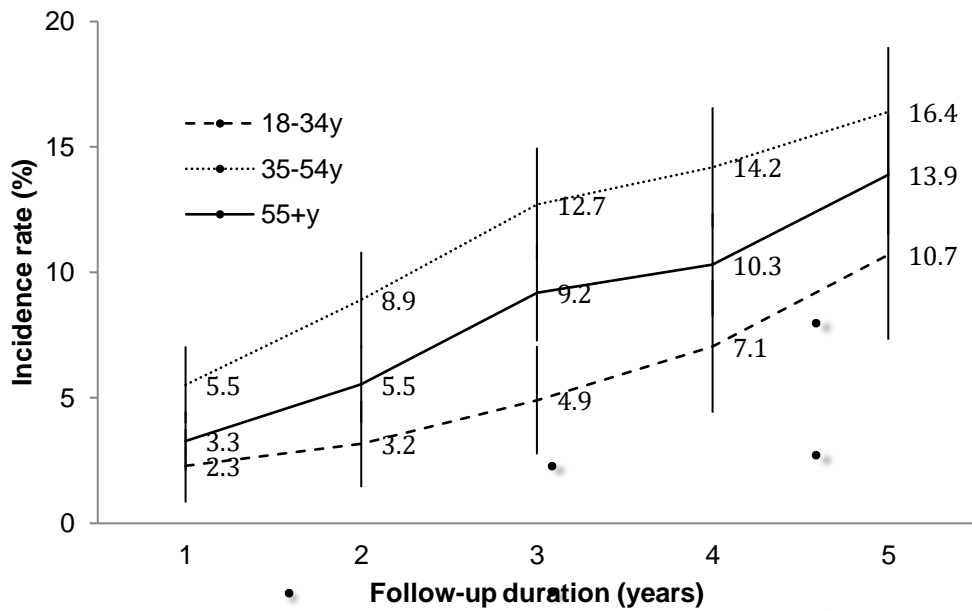
eFigure 1. *Rates of incidence of insomnia (vertical bar is ± standard error of the point estimate)*
from the 1-year to the 5-year follow-up period, by age groups.
No significant effect.
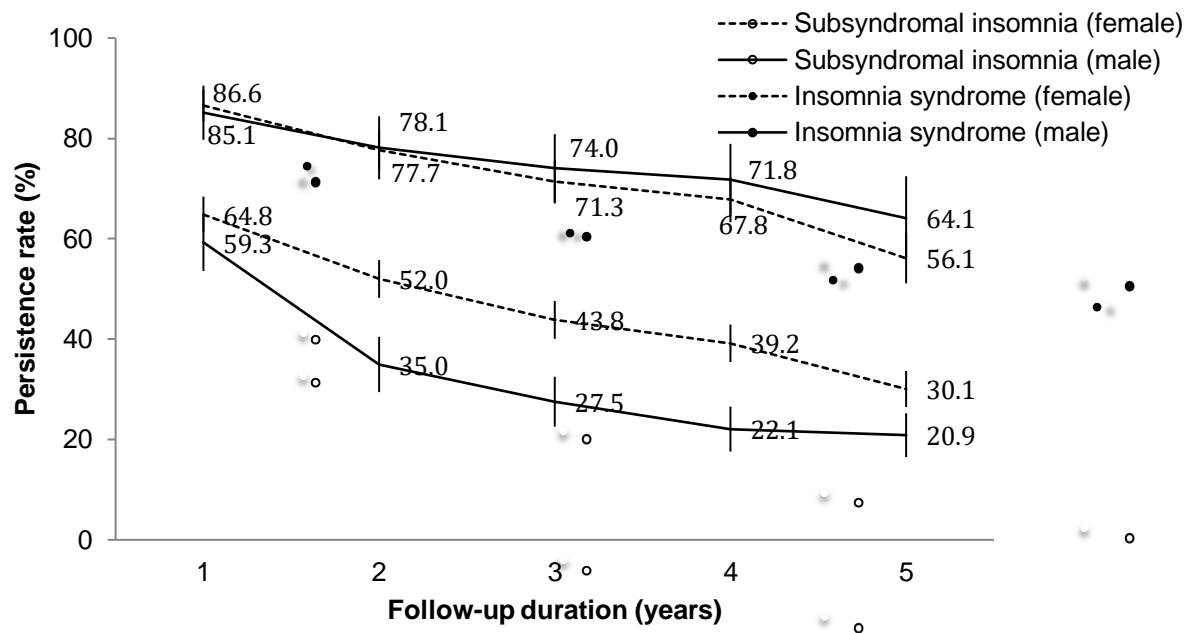
eFigure 2. *Rates of persistent insomnia (vertical bar is ± standard error of the point estimate)* from the 1-year to the 5-year follow-up period, according to initial insomnia status and sex. A significant effect for sex was obtained for subsyndromal insomnia but not for insomnia syndrome.
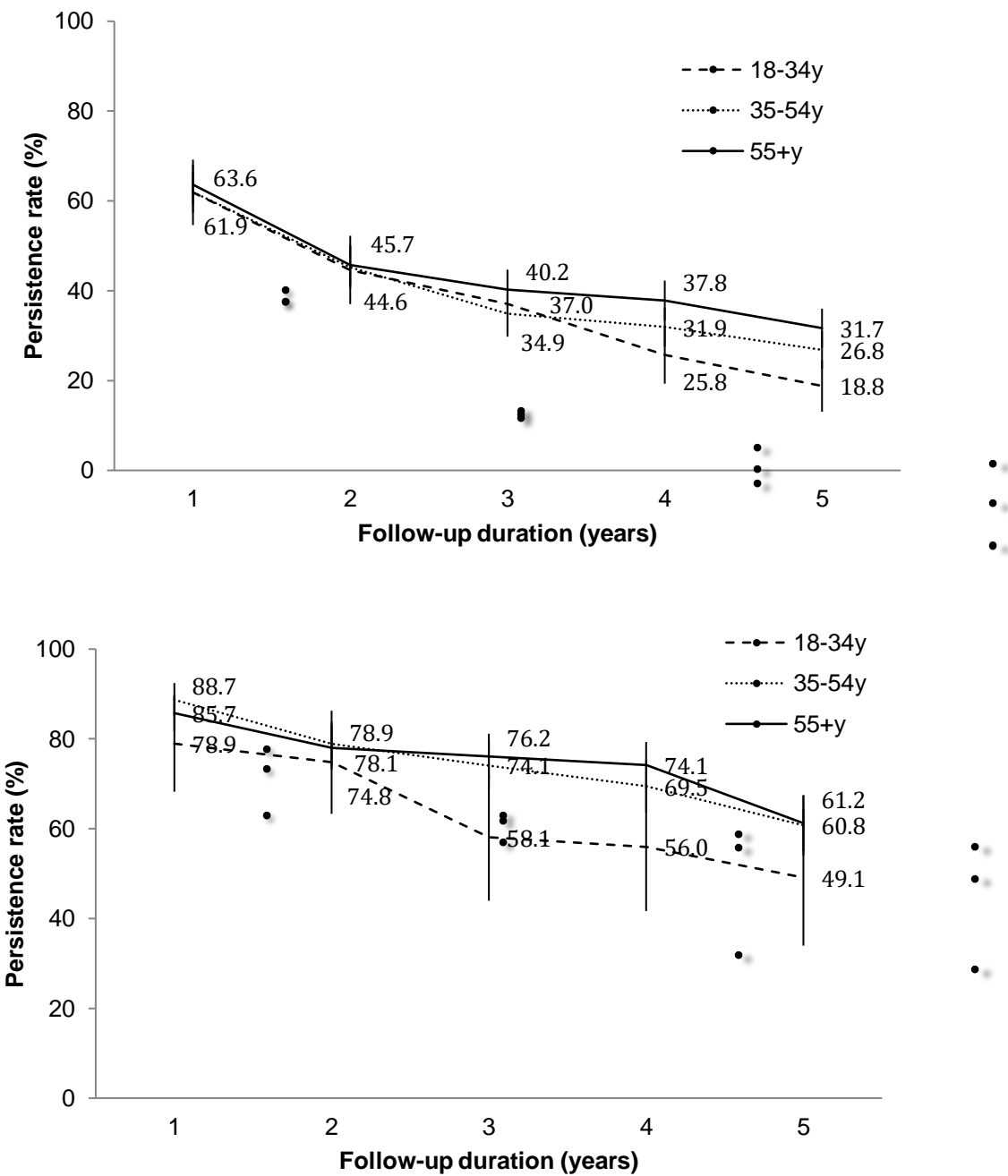
eFigure 3. *Rates of persistent insomnia (vertical bar is ± standard error of the point estimate) in participants with insomnia symptoms (upper panel) or syndrome (lower panel) from the 1-year to the 5-year follow-up period, according to age groups.*
No significant difference.

eFigure 4. *Remission rates (vertical bar is ± standard error of the point estimate) from the 1-year to the 5-year follow-up period, overall and by initial insomnia status.*