

Appendix A

TUESDAY NIGHT		
Routine		Comments about the ease of bedtime:
Start Time ___ : ___		_____
<input type="checkbox"/> Bath	<input type="checkbox"/>	_____
<input type="checkbox"/> P.J.'s	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Brush Teeth	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Prayers	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Story	<input type="checkbox"/> _____	_____
Nighttime		Reasons for night waking or difficulty sleeping:
Time in Bed ___ : ___		_____
Night waking 1: ___ : ___	Time Back in bed ___ : ___	_____
Night waking 2: ___ : ___	Time Back in bed ___ : ___	_____
Night waking 3: ___ : ___	Time Back in bed ___ : ___	_____
WEDNESDAY		
Morning		Anything unusual about waking:
Time Awake ___ : ___		_____
<input type="checkbox"/> Woke Self	<input type="checkbox"/> Someone Woke Up	_____
Wearing Actigraph		_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Time on ___ : ___)	_____
Naps		Comments on the typicality of today's naps:
Nap 1 Start Time: ___ : ___	Time Awake ___ : ___	_____
Nap 2 Start Time: ___ : ___	Time Awake ___ : ___	_____
Daytime		Reasons for taking Actigraph off:
Time Taken Off ___ : ___	Time On ___ : ___	_____
Time Taken Off ___ : ___	Time On ___ : ___	_____
Time Taken Off ___ : ___	Time On ___ : ___	_____

Supplementary Figure 1A. Sample child sleep diary that has been customized based on the parent report of the child's routine