CBT+ measures

Please note: These measures will be completed by participants via qualtrics. The qualtrics format is far more accessible and user friendly.

demographics + breast cancer information

Q1 Participant ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q48 What is your date of birth?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2 What is the highest education level you have completed?

* primary school (1)
* secondary school (2)
* University Bachelor/ undergraduate degree (3)
* University Master's degree (4)

Q3 What describes your ethnic/racial background?

* White/European (1)
* Indigenous or Torres Strait Islander (2)
* Asian (specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Indian subcontinent (4)
* Other (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 Are you:

* Retired (1)
* Employed Part time (< 30 hours per week) (2)
* Employed Full time (at least 30 hours per week) (3)
* Home duties (4)
* Unemployed (5)
* On a disability support pension (6)
* Student (7)

Q5 Are you:

* Married/living as married (1)
* In a committed relationship but not living together (2)
* Single (3)
* Divorced/separated (4)
* Widowed (5)

|  |
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Q49 How many children do you have? If you do not have any children please write 0

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q50 How many children live with you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q51 What is the age of the youngest child living with you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6 What describes your total yearly household income?

▼ Less than $10,000 (1) ... Click to write Choice 13 (13)

Q7   
**Think of this scale representing where people stand in Australia.**  
At the **top** of the scale are the people who are the best off -- those who have the most money, the most education, and the most respected jobs.  At the **bottom** are the people who are the worst off -- those who have the least money, least education, and the least respected jobs or no job. The higher up you are on this scale, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.  
  
  
If the people at the top are 10 and the people on the bottom are 1, where would you place yourself on this scale, at this time in your life, **relative** to other people in Australia?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |
| --- | --- |
| Subjective Status (1) |  |

Q91 Are you currently smoking? (cigarettes, cigars)

* Yes (1)
* No (2)

Q52 Is this your first diagnosis of breast cancer?

* Yes (1)
* No (2)
* Don't know (3)

Q53 What stage is your breast cancer?

* Stage 1 (1)
* Stage 2 (2)
* Stage 3 (3)
* Stage 4 (4)
* Don't know (5)

Q57 How many weeks ago did you receive a breast cancer diagnosis?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q56 Has the cancer spread (metastasized) to other organs such as your liver, lung, bone or brain?

* Yes (1)
* No (2)
* dont know (3)

Q55 Had you gone through menopause before receiving your breast cancer diagnosis?

* yes (1)
* no (2)
* don't know (3)

Q58 Are you currently going through menopause?

* Yes (1)
* No (2)
* Don't know (3)

Q59 Have you had surgery since your most recent cancer diagnosis?

* Yes (1)
* No (2)

Q60 What type of surgery did you have?

* Mastectomy (removal of all breast tissue) (1)
* Lumpectomy (removal of the breast tumour) (2)
* Double Mastectomy (3)
* Mastectomy and lumpectomy (4)
* Other surgery related to breast cancer treatment (5)
* Don't know (6)

Q61 What date did you have this surgery?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q62 Have you commenced chemotherapy?

* Yes (1)
* No (2)

Q70 How many weeks ago did you commence chemotherapy? (or days if less than 1 week)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q63 Have you commenced radiation therapy?

* Yes (1)
* No (2)
* Don't know (20)

Q69 How many weeks ago did you start radiation therapy? (or days if less than 1 week)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q64 Is radiation therapy planned?

* Yes (1)
* No (2)
* Don't know (20)

Q65 Are you currently taking Tamoxifen or any other hormonal treatment?

* Yes (1)
* No (2)
* Don't know (3)

Q68 How many weeks ago did you start taking Tamoxifen or any other hormonal treatment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q66 Is Tamoxifen or any other hormonal treatment planned?

* Yes (1)
* No (2)
* Don't know (3)

Q67 Are you currently having Herceptin or any other biological agent?

* Yes (1)
* No (2)
* Don't know (3)

Q71 How many weeks ago did you start receiving Herceptin or any other biological agent?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q72 Is Herceptin or any other biological agent planned?

* Yes (1)
* No (2)
* Don't know (3)

Q92 Current medications:  
Please list all of the medications or supplements that you are currently taking. Fill in as many rows as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and dosage (e.g. Dexamethasone, 8mg daily) (1) | Start date (2) | Stop date (if applicable) (3) | Why are you taking this (e.g. pain relief, low mood) (4) |
| 1 (1) |  |  |  |  |
| 2 (2) |  |  |  |  |
| 3 (3) |  |  |  |  |
| 4 (4) |  |  |  |  |
| 5 (5) |  |  |  |  |
| 6 (6) |  |  |  |  |
| 7 (7) |  |  |  |  |
| 8 (8) |  |  |  |  |
| 9 (9) |  |  |  |  |
| 10 (10) |  |  |  |  |
| 11 (11) |  |  |  |  |
| 12 (12) |  |  |  |  |
| 13 (13) |  |  |  |  |
| 14 (14) |  |  |  |  |
| 15 (15) |  |  |  |  |
| 16 (16) |  |  |  |  |
| 17 (17) |  |  |  |  |
| 18 (18) |  |  |  |  |
| 19 (19) |  |  |  |  |
| 20 (20) |  |  |  |  |

End of Block: demographics + breast cancer information

Start of Block: ISI

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Q32 Please rate the current (last two weeks) severity of your insomnia problem(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None (1) | Mild (2) | Moderate (3) | Severe (4) | Very severe (5) |
| Difficulty falling asleep (1) |  |  |  |  |  |
| Difficulty staying asleep (2) |  |  |  |  |  |
| Problems waking up too early (3) |  |  |  |  |  |

Q33 How satisfied/dissatisfied are you with your current sleep pattern?

* very satisfied (1)
* satisfied (2)
* moderately satisfied (3)
* dissatisfied (4)
* very dissatisfied (5)

Q34 How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

* not at all noticeable (1)
* a little (2)
* somewhat (3)
* much (4)
* very much noticeable (5)

Q35 How WORRIED/DISTRESSED are you about your current sleep problem?

* not at all worried (1)
* a little (2)
* somewhat (3)
* much (4)
* very much worried (5)

Q36 To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

* not interfering at all (1)
* a little (2)
* somewhat (3)
* much (4)
* very much interfering (5)

End of Block: ISI

Start of Block: DBAS - 16

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Q1   
Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate to what extent you personally agree or disagree with each statement.  
**There is no right or wrong answer.**  
  
For each statement, select the number that corresponds to your own **personal belief**. Please respond to all items even though some may **not** apply directly to your own situation. 

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree  0 (0) | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | 9 (9) | Strongly Agree  10 (10) |
| I need 8 hours of sleep to feel refreshed and function well during the day. (1) |  |  |  |  |  |  |  |  |  |  |  |
| When I don't get proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer. (2) |  |  |  |  |  |  |  |  |  |  |  |
| I am concerned that chronic insomnia may have serious consequences on my physical health. (3) |  |  |  |  |  |  |  |  |  |  |  |
| I am worried that I may lose control over my abilities to sleep. (4) |  |  |  |  |  |  |  |  |  |  |  |
| After a poor night's sleep, I know that it will interfere with my daily activities on the next day. (5) |  |  |  |  |  |  |  |  |  |  |  |
| In order to be alert and function well during the day, I believe I would be better off taking a sleeping pill rather than having a poor night's sleep. (6) |  |  |  |  |  |  |  |  |  |  |  |
| When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before. (7) |  |  |  |  |  |  |  |  |  |  |  |
| When I sleep poorly on one night, I know it will disturb my sleep schedule for the whole week. (8) |  |  |  |  |  |  |  |  |  |  |  |
| Without an adequate night's sleep, I can hardly function the next day. (9) |  |  |  |  |  |  |  |  |  |  |  |
| I can't ever predict whether I'll have a good or poor night's sleep. (10) |  |  |  |  |  |  |  |  |  |  |  |
| I have little ability to manage the negative consequences of disturbed sleep. (11) |  |  |  |  |  |  |  |  |  |  |  |
| When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before. (12) |  |  |  |  |  |  |  |  |  |  |  |
| I believe insomnia is essentially the result of a chemical imbalance. (13) |  |  |  |  |  |  |  |  |  |  |  |
| I feel insomnia is ruining my ability to enjoy life and prevents me from doing what I want. (14) |  |  |  |  |  |  |  |  |  |  |  |
| Medication is probably the only solution to sleeplessness. (15) |  |  |  |  |  |  |  |  |  |  |  |
| I avoid or cancel obligations (social, family) after a poor night's sleep. (16) |  |  |  |  |  |  |  |  |  |  |  |

End of Block: DBAS - 16

Start of Block: PROMIS

|  |  |
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Q1   
Emotional distress - Anxiety SF8a  
  
  
In the past 7 days…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Rarely (2) | Sometimes (3) | Often (4) | Always (5) |
| I felt fearful (1) |  |  |  |  |  |
| I found it hard to focus on anything other than my anxiety (2) |  |  |  |  |  |
| My worries overwhelmed me (3) |  |  |  |  |  |
| I felt uneasy (5) |  |  |  |  |  |
| I felt nervous (6) |  |  |  |  |  |
| I felt like I needed help for my anxiety (7) |  |  |  |  |  |
| I felt anxious (8) |  |  |  |  |  |
| I felt tense (Q1\_9) |  |  |  |  |  |

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Q2   
Emotional distress - Depression SF8a  
  
In the past 7 days...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Rarely (2) | Sometimes (3) | Often (4) | Always (5) |
| I felt worthless (1) |  |  |  |  |  |
| I felt helpless (3) |  |  |  |  |  |
| I felt depressed (4) |  |  |  |  |  |
| I felt hopeless (5) |  |  |  |  |  |
| I felt like a failure (6) |  |  |  |  |  |
| I felt unhappy (7) |  |  |  |  |  |
| I felt that I had nothing to look forward to (8) |  |  |  |  |  |
| I felt that nothing could cheer me up (Q2\_9) |  |  |  |  |  |

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Q3 Sleep disturbance  
In the past 7 days...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very poor (5) | Poor (4) | Fair (3) | Good (2) | Very good (1) |
| My sleep quality was (1) |  |  |  |  |  |

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Q4 In the past 7 days...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (1) | A little bit (2) | Somewhat (3) | Quite a bit (4) | Very much (5) |
| My sleep was refreshing (1) |  |  |  |  |  |
| I had a problem with my sleep (2) |  |  |  |  |  |
| I had difficulty falling asleep (3) |  |  |  |  |  |
| My sleep was restless (4) |  |  |  |  |  |
| I tried hard to get to sleep (5) |  |  |  |  |  |
| I worried about not being able to fall asleep (6) |  |  |  |  |  |
| I was satisfied with my sleep (Q4\_12) |  |  |  |  |  |

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Q5 Sleep related impairment  
In the past 7 days...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (1) | A little bit (2) | Somewhat (3) | Quite a bit (4) | Very much (5) |
| I had a hard time getting things done because I was sleepy (1) |  |  |  |  |  |
| I felt alert when I woke up (2) |  |  |  |  |  |
| I felt tired (3) |  |  |  |  |  |
| I had problems during the day because of poor sleep (4) |  |  |  |  |  |
| I had a hard time concentrating because of poor sleep (5) |  |  |  |  |  |
| I felt irritable because of poor sleep (6) |  |  |  |  |  |
| I was sleepy during the daytime (7) |  |  |  |  |  |
| I had trouble staying awake during the day (8) |  |  |  |  |  |

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Q6 Fatigue  
  
  
During the past 7 days...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (1) | A little bit (2) | Somewhat (3) | Quite a bit (4) | Very much (5) |
| I feel fatigued (1) |  |  |  |  |  |
| I have trouble starting things because I am tired (2) |  |  |  |  |  |
| How run-down did you feel on average? (3) |  |  |  |  |  |
| How fatigued were you on average? (4) |  |  |  |  |  |
| How much were you bothered by your fatigue on average? (5) |  |  |  |  |  |
| To what degree did your fatigue interfere with your physical functioning? (6) |  |  |  |  |  |

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| --- | --- |
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Q7 In the past 7 days...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Rarely (2) | Sometimes (3) | Often (4) | Always (5) |
| How often did you have to push yourself to get things done because of your fatigue? (1) |  |  |  |  |  |
| How often did you have trouble finishing things because of your fatigue? (2) |  |  |  |  |  |

Q38 Pain intensity  
  
  
In the past 7 days...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No pain (1) | mild (2) | moderate (3) | severe (4) | very severe (5) |
| How intense was your pain at its worst? (1) |  |  |  |  |  |
| How intense was your average pain? (2) |  |  |  |  |  |
| What is your level of pain right now? (3) |  |  |  |  |  |

End of Block: PROMIS

Start of Block: Reduced Morning Eveningness Questionnaire

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Q1   
Each answer should be answered independently of others. **DO NOT**go back and check your answers.  
  
  
  
Considering your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?

* 5:00 am – 6:30 am (5)
* 6:30 am – 7:45 am (4)
* 7:45 am – 9:45 am (3)
* 9:45 am – 11:00 am (2)
* 11:00 am – 12:00 pm (1)

|  |
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Q2 During the first half-hour after having woken in the morning, how tired do you feel?

* Very tired (1)
* Fairly tired (2)
* Fairly refreshed (3)
* Very refreshed (4)

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Q3 At what time in the evening do you feel tired and as a result in need of sleep?

* 8:00 pm – 9:00 pm (5)
* 9:00 pm – 10:15 pm (4)
* 10:15 pm – 12:45 am (3)
* 12:45 am – 2:00 am (2)
* 2:00 am – 3:00 am (1)

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Q4 At what time of the day do you think you reach your "feeling best" peak?

* 5:00 am – 8:00 am (5)
* 8:00 am – 10:00 am (4)
* 10:00 am – 5:00 pm (3)
* 5:00 pm – 10:00 pm (2)
* 10:00 pm – 5:00 am (1)

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Q5 One hears about "morning" and "evening" types of people. Which ONE of these do you consider yourself to be?

* Definitely a "morning" type (6)
* Rather more a "morning" type than an "evening" type (4)
* Rather more an "evening type" than a "morning" type (2)
* Definitely an "evening" type (0)

End of Block: Reduced Morning Eveningness Questionnaire

Start of Block: Ford insomnia response to stress test

Q40 When you experience the following situations, how likely is it for you to have difficulty sleeping? Circle an answer even if you have not experienced these situations recently.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | not likely (1) | somewhat likely (2) | moderately likely (3) | very likely (4) |
| Before an important meeting the next day (1) |  |  |  |  |
| After a stressful experience during the day (2) |  |  |  |  |
| After a stressful experience in the evening (3) |  |  |  |  |
| After getting bad news during the day (4) |  |  |  |  |
| After watching a frightening movie or TV show (5) |  |  |  |  |
| After having a bad day at work (6) |  |  |  |  |
| After an argument (7) |  |  |  |  |
| Before having to speak in public (8) |  |  |  |  |
| Before going on vacation the next day (9) |  |  |  |  |

End of Block: Ford insomnia response to stress test

Start of Block: Credibility and expectancy questionnaire

Q42   
Set I  
  
1. At this point, how logical does the program seem?

* not at all logical (1)
* (2)
* (3)
* (4)
* somewhat logical (5)
* (6)
* (7)
* (8)
* very logical (9)

Q43 2. At this point, how successful do you think the program will be in raising the quality of your sleep and daily functioning

* not at all useful (1)
* (2)
* (3)
* (4)
* somewhat useful (5)
* (6)
* (7)
* (8)
* very useful (9)

Q44 3. How confident would you be in recommending this program to a friend who experiences similar problems?

* not at all confident (1)
* (2)
* (3)
* (4)
* somewhat confident (5)
* (6)
* (7)
* (8)
* very confident (9)

Q45 4. By the end of the program, how much improvement in your sleep and daily functioning do you think will occur?

* 0% (1)
* 10% (2)
* 20% (3)
* 30% (4)
* 40% (5)
* 50% (6)
* 60% (7)
* 70% (8)
* 80% (9)
* 90% (10)
* 100% (11)

Q46 Set II  
  
  
For this set, close your eyes for a few moments, and try to identify what you really feel about the program and its likely success. Then answer the following questions.  
  
  
1. At this point, how much do you really feel that the program will help you to improve your sleep and daily functioning?

* not at all (1)
* (2)
* (3)
* (4)
* somewhat (5)
* (6)
* (7)
* (8)
* very much (9)

Q47 2. By the end of the program, how much improvement in your sleep and daily functioning do you really feel will occur?

* 0% (1)
* 10% (2)
* 20% (3)
* 30% (4)
* 40% (5)
* 50% (6)
* 60% (7)
* 70% (8)
* 80% (9)
* 90% (10)
* 100% (11)

End of Block: Credibility and expectancy questionnaire

Start of Block: pre sleep arousal scale

Q48 Please describe how intensely you generally experience each of these symptoms as you attempt to fall asleep in your own bedroom. 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | not at all (1) | slightly (2) | moderately (3) | a lot (4) | extremely (5) |
| Heart racing, pounding, or beating irregularly. (1) |  |  |  |  |  |
| A jittery, nervous feeling in your body. (2) |  |  |  |  |  |
| shortness of breath or labored breathing (3) |  |  |  |  |  |
| A tight, tense feeling in your muscles. (4) |  |  |  |  |  |
| Cold feeling in your hands, feet or your body (5) |  |  |  |  |  |
| Have stomach upset (knot or nervous feeling, heartburn, nausea, etc. (6) |  |  |  |  |  |
| Perspiration in the palms of your hands or other parts of your body. (7) |  |  |  |  |  |
| Dry feeling in your mouth or throat. (8) |  |  |  |  |  |
| Worry about falling asleep. (9) |  |  |  |  |  |
| Review or ponder events of the day. (10) |  |  |  |  |  |
| Depressing or anxious thoughts. (11) |  |  |  |  |  |
| Worry about problems other than sleep. (12) |  |  |  |  |  |
| Being mentally alert, active. (13) |  |  |  |  |  |
| Can't shut off your thoughts. (14) |  |  |  |  |  |
| Thoughts keep racing through your head. (15) |  |  |  |  |  |
| Being distracted by sounds, noise in the environment,(e.g.,ticking of the clock, house noises, traffic). (16) |  |  |  |  |  |

End of Block: pre sleep arousal scale

Start of Block: Intrusive thoughts sub scale

Q60   
   
   
 Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to living with breast cancer. How much were you distressed or bothered by these difficulties?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | not at all (1) | a little bit (2) | moderately (3) | quite a bit (4) | extremely (5) |
| Any reminder brought back feelings about it (1) |  |  |  |  |  |
| I had trouble staying asleep (2) |  |  |  |  |  |
| Other things kept making me think about it (3) |  |  |  |  |  |
| I thought about it when I didn’t mean to (4) |  |  |  |  |  |
| Pictures about it popped into my mind (5) |  |  |  |  |  |
| I found myself acting or feeling like I was back at that time (6) |  |  |  |  |  |
| I had waves of strong feelings about it (7) |  |  |  |  |  |
| I had dreams about it (8) |  |  |  |  |  |

End of Block: Intrusive thoughts sub scale

Start of Block: CBT+ adherence

Q73 How useful have you found the sleep strategies that you have learnt so far?

* Not useful at all (1)
* somewhat useful (2)
* quite useful (3)
* extremely useful (4)

Q74 How often have you practiced the sleep strategies that you have learnt?

* Never (1)
* Once or twice a week (2)
* three or four times a week (3)
* five or more times a week (4)

Q75 How useful have you found these practices to be for your sleep?

* Not at all useful (1)
* somewhat useful (2)
* quite useful (3)
* extremely useful (4)

Q76 How useful have you found these practices to be for your mood?

* Not at all useful (1)
* somewhat useful (2)
* quite useful (3)
* extremely useful (4)

End of Block: CBT+ adherence

Start of Block: Program evaluation

Q77 How would you rate the quality of the program you have received?

* Excellent (1)
* Good (2)
* Fair (3)
* Poor (4)

Q78 Did you get the kind of service you wanted?

* Definitely not (1)
* not really (2)
* yes, generally (3)
* Definitely yes (4)

Q79 To what extent has our program met your needs?

* Almost all of my needs have been met (1)
* Most of my needs have been met (2)
* Only a few of my needs have been met (3)
* None of my needs have been met (4)

Q80 If a friend were in need of similar help, would you recommend our program to him or her?

* No definitely not (1)
* No I don't think so (2)
* Yes, I think so (3)
* Yes, definitely (4)

Q81 How satisfied are you with the amount of help you have received?

* Quite dissatisfied (1)
* Indifferent or mildly dissatisfied (2)
* Mostly satisfied (3)
* Very satisfied (4)

Q82 Has the program you received helped you to deal more effectively with your problems?

* Yes, it helped a great deal (1)
* Yes, it helped (2)
* No, it didn't really help (3)
* No, it seemed to make things worse (4)

Q83 In an overall, general sense, how satisfied are you with the service you have received

* very satisfied (1)
* mostly satisfied (2)
* Indifferent or mildly dissatisfied (3)
* Quite dissatisfied (4)

Q84 If you were to seek help again, would you come back to our program?

* No, definitely not (1)
* No I don't think so (2)
* Yes, I think so (3)
* Yes, definitely (4)

End of Block: Program evaluation

Start of Block: Additional mental health and sleep treatment

Q85 Since your breast cancer diagnosis, have you received any psychological treatment for your mental health?

* no (1)
* yes (2)
* unsure (3)
* prefer not to answer (4)

Q86 Since your breast cancer diagnosis, have you attended a support group or any other support resource for dealing with breast cancer?

* no (1)
* yes (2)
* unsure (3)
* prefer not to answer (4)

Q87 Since your breast cancer diagnosis, have you taken any medication for your mental health?

* no (1)
* yes (2)
* unsure (3)
* prefer not to answer (4)

Q88 Since your breast cancer diagnosis, have you received any psychological treatment for your sleep from a doctor, psychologist or any other health care specialist?

* no (1)
* yes (2)
* unsure (3)
* prefer not to answer (4)

Q89 Since your breast cancer diagnosis, have you taken any medication prescribed by a doctor for your sleep?

* no (1)
* yes (2)
* unsure (3)
* prefer not to answer (4)

Q90 Since your breast cancer diagnosis, have you taken any over the counter or herbal medications for your sleep?

* no (1)
* yes (2)
* unsure (3)
* prefer not to answer (4)

End of Block: Additional mental health and sleep treatment