


## Supplementary Material

### Appendix A - Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

 <b>Checklist for Reporting Results of Internet E-Surveys (CHERRIES)</b>		
<i>Item Category</i>	<i>Checklist Item</i>	<i>Explanation</i>
<b>Design</b>	Describe survey design	Describe target population, sample frame. Is the sample a convenience sample? (In “open” surveys this is most likely.)
<b>IRB (Institutional Review Board) approval and informed consent process</b>	IRB approval	Mention whether the study has been approved by an IRB.
	Informed consent	Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study?
	Data protection	If any personal information was collected or stored, describe what mechanisms were used to protect unauthorized access.
<b>Development and pre-testing</b>	Development and testing	State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire.
<b>Recruitment process and description of the sample having access to the questionnaire</b>	Open survey versus closed survey	An “open survey” is a survey open for each visitor of a site, while a closed survey is only open to a sample which the investigator knows (password-protected survey).



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<i>Item Category</i>	<i>Checklist Item</i>	<i>Explanation</i>
	Contact mode	Indicate whether or not the initial contact with the potential participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for Web-based data entry.)
	Advertising the survey	How/where was the survey announced or advertised? Some examples are offline media (newspapers), or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix.
<b>Survey administration</b>	Web/E-mail	State the type of e-survey (e.g., one posted on a Web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses?
	Context	Describe the Web site (for mailing list/newsgroup) in which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results. For example, a survey about vaccination on an anti-immunization Web site will have different results from a Web survey conducted on a government Web site
	Mandatory/voluntary	Was it a mandatory survey to be filled in by every visitor who wanted to enter the Web site, or was it a voluntary survey?



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	Incentives	Were any incentives offered (e.g., monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)?
	Time/Date	In what timeframe were the data collected?
	Randomization of items or questionnaires	To prevent biases items can be randomized or alternated.
	Adaptive questioning	Use adaptive questioning (certain items, or only conditionally displayed based on responses to other items) to reduce number and complexity of the questions.
	Number of Items	What was the number of questionnaire items per page? The number of items is an important factor for the completion rate.
	Number of screens (pages)	Over how many pages was the questionnaire distributed? The number of items is an important factor for the completion rate.
	Completeness check	It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if “yes”, how (usually JavaScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as “not applicable” or “rather not say”, and selection of one response option should be enforced.
	Review step	State whether respondents were able to review and change their answers (e.g., through a Back button or a Review step



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		which displays a summary of the responses and asks the respondents if they are correct).
<b>Response rates</b>	Unique site visitor	If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both.
	View rate (Ratio of unique survey visitors/unique site visitors)	Requires counting unique visitors to the first page of the survey, divided by the number of unique site visitors (not page views!). It is not unusual to have view rates of less than 0.1 % if the survey is voluntary.
	Participation rate (Ratio of unique visitors who agreed to participate/unique first survey page visitors)	Count the unique number of people who filled in the first survey page (or agreed to participate, for example by checking a checkbox), divided by visitors who visit the first page of the survey (or the informed consents page, if present). This can also be called “recruitment” rate.
	Completion rate (Ratio of users who finished the survey/users who agreed to participate)	The number of people submitting the last questionnaire page, divided by the number of people who agreed to participate (or submitted the first survey page). This is only relevant if there is a separate “informed consent” page or if the survey goes over several pages. This is a measure for attrition. Note that “completion” can involve leaving questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word “completeness rate”.)



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<i>Item Category</i>	<i>Checklist Item</i>	<i>Explanation</i>
<b>Preventing multiple entries from the same individual</b>	Cookies used	Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users' access to the survey twice; or were duplicate database entries having the same user ID eliminated before analysis? In the latter case, which entries were kept for analysis (e.g., the first entry or the most recent)?
	IP check	Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (e.g., 24 hours). Were duplicate entries avoided by preventing users with the same IP address access to the survey twice; or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (e.g., the first entry or the most recent)?
	Log file analysis	Indicate whether other techniques to analyse the log file for identification of multiple entries were used. If so, please describe.
	Registration	In "closed" (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and



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		later eliminated? If the latter, which entries were kept for analysis (e.g., the first entry or the most recent)?
<b>Analysis</b>	Handling of incomplete questionnaires	Were only completed questionnaires analysed? Were questionnaires which terminated early (where, for example, users did not go through all questionnaire pages) also analysed?
	Questionnaires submitted with an atypical timestamp	Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point, and describe how this point was determined.
	Statistical correction	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non-representative sample; if so, please describe the methods.

**Appendix B** – Reporting Checklist for cross-sectional studies (STROBE)

# Reporting checklist for cross sectional study.

Based on the STROBE cross sectional guidelines.

## Instructions to authors

Complete this checklist by entering the page numbers from your manuscript where readers will find each of the items listed below.

Your article may not currently address all the items on the checklist. Please modify your text to include the missing information. If you are certain that an item does not apply, please write "n/a" and provide a short explanation.

Upload your completed checklist as an extra file when you submit to a journal.

In your methods section, say that you used the STROBE cross sectional reporting guidelines, and cite them as:

von Elm E, Altman DG, Egger M, Pocock SJ, Gotsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies.

	Reporting Item	Page Number
<b>Title and abstract</b>		
Title	<a href="#">#1a</a> Indicate the study's design with a commonly used term in the title or the abstract	1
Abstract	<a href="#">#1b</a> Provide in the abstract an informative and balanced summary of what was done and what was found	2
<b>Introduction</b>		

Background / rationale	<a href="#">#2</a>	Explain the scientific background and rationale for the investigation being reported	3
Objectives	<a href="#">#3</a>	State specific objectives, including any prespecified hypotheses	5
<b>Methods</b>			
Study design	<a href="#">#4</a>	Present key elements of study design early in the paper	5
Setting	<a href="#">#5</a>	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	8
Eligibility criteria	<a href="#">#6a</a>	Give the eligibility criteria, and the sources and methods of selection of participants.	5
	<a href="#">#7</a>	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	6
Data sources / measurement	<a href="#">#8</a>	For each variable of interest give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group. Give information separately for for exposed and unexposed groups if applicable.	6
Bias	<a href="#">#9</a>	Describe any efforts to address potential sources of bias	17
Study size	<a href="#">#10</a>	Explain how the study size was arrived at	6
Quantitative variables	<a href="#">#11</a>	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen, and why	8
Statistical methods	<a href="#">#12a</a>	Describe all statistical methods, including those used to control for confounding	8



Statistical methods	<a href="#">#12b</a>	Describe any methods used to examine subgroups and interactions	8
Statistical methods	<a href="#">#12c</a>	Explain how missing data were addressed	9
Statistical methods	<a href="#">#12d</a>	If applicable, describe analytical methods taking account of sampling strategy	8
Statistical methods	<a href="#">#12e</a>	Describe any sensitivity analyses	8
<b>Results</b>			
Participants	<a href="#">#13a</a>	Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed. Give information separately for exposed and unexposed groups if applicable.	9
Participants	<a href="#">#13b</a>	Give reasons for non-participation at each stage	9
Participants	<a href="#">#13c</a>	Consider use of a flow diagram	9
Descriptive data	<a href="#">#14a</a>	Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders. Give information separately for exposed and unexposed groups if applicable.	9
Descriptive data	<a href="#">#14b</a>	Indicate number of participants with missing data for each variable of interest	9
Outcome data	<a href="#">#15</a>	Report numbers of outcome events or summary measures. Give information separately for exposed and unexposed groups if applicable.	10
Main results	<a href="#">#16a</a>	Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their	12

		precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	
Main results	<a href="#">#16b</a>	Report category boundaries when continuous variables were categorized	12
Main results	<a href="#">#16c</a>	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	12
Other analyses	<a href="#">#17</a>	Report other analyses done—e.g., analyses of subgroups and interactions, and sensitivity analyses	12
<b>Discussion</b>			
Key results	<a href="#">#18</a>	Summarise key results with reference to study objectives	12
Limitations	<a href="#">#19</a>	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias.	17
Interpretation	<a href="#">#20</a>	Give a cautious overall interpretation considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence.	16
Generalisability	<a href="#">#21</a>	Discuss the generalisability (external validity) of the study results	16
<b>Other Information</b>			
Funding	<a href="#">#22</a>	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	19

The STROBE checklist is distributed under the terms of the Creative Commons Attribution License CC-BY. This checklist was completed on 26. November 2021 using <https://www.goodreports.org/>, a tool made by the [EQUATOR Network](#) in collaboration with [Penelope.ai](#)

## Appendix C – Online Survey Questions



What is your **age**? (*in years*)

What is your **gender**?

Male

Female

Non-binary / third gender

Prefer not to say

In total, **how long** have you been a shift worker? (*in years*)

Briefly describe your **shiftwork routine/schedule**

From the list below, what **industry best matches** your work?

Mining	<input type="radio"/>
Manufacturing	<input type="radio"/>
Retail Trade	<input type="radio"/>
Accommodation and Food services	<input type="radio"/>
Transport, postal and warehousing	<input type="radio"/>
Information media and telecommunications	<input type="radio"/>
Public administration and safety	<input type="radio"/>
Health care and Social Assistance	<input type="radio"/>
Arts and Recreation Services	<input type="radio"/>
Government or Defence	<input type="radio"/>
Other, <i>please specify</i>	<input type="radio"/>

Do you currently suffer from any **diagnosed sleep-related disorders**?

No, I don't suffer from any diagnosed sleep-related disorders

Sleep apnea

Snoring

Insomnia

Restless Leg Syndrome

Another sleep-related disorder, *please specify in the box below*

A health condition that impacts sleep, *please specify in the box below*

Have you heard the term '**sleep hygiene**' before?

Yes, I have heard the term '**sleep hygiene**' before

No, I have **never** heard the term '**sleep hygiene**' before

**How well** do you **understand** what the term '**sleep hygiene**' means?

Extremely well

Very well

Moderately well

Slightly well

Not well at all

From the **list below**, I'd like to know **where** you usually get **information about sleep hygiene** from (*Select all that apply*).

Friends

Family

Television media (programs, news, etc)

Print media (magazines, newspapers)

Social media (Facebook, Twitter, Instagram)

Formal education/workplace training

Online

General Practitioner (GP)

Other health professional

I don't seek this information

Don't know/Unsure

This series of questions will ask you about your **behaviours around sleep**. Please select the **best** response. (*Please answer all the questions*).

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
I use <b>naps</b> to <b>catch up on sleep</b> and <b>minimise</b> feelings of <b>fatigue</b> . (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have <b>consecutive shifts</b> (day, night, afternoon), I go to bed and wake up at the <b>same time</b> . (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engage in <b>regular, strenuous exercise</b> (aiming for <b>150-300 minutes moderate</b> intensity/week), but typically <b>avoid vigorous</b> exercise <b>1 hour before</b> bedtime. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I achieve <b>7-9 hours</b> of <b>quality</b> sleep in a <b>24 hour</b> period. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I <b>avoid caffeine close to bed</b> except when using caffeine to <b>manage</b> feelings of <b>fatigue</b> on the <b>commute home</b> . (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid <b>alcohol</b> and/or <b>nicotine</b> within <b>4 hours</b> of going to bed. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I <b>limit food</b> and <b>fluid</b> intake in the <b>1-2 hours before</b> bedtime. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As bedtime approaches, I <b>avoid bright light</b> and <b>blue light</b> (mobile phones, televisions, computers etc.) sources. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I'm <b>in bed</b> and <b>can't fall asleep</b> within <b>20-30 minutes</b> , I usually do <b>something relaxing</b> , like reading or meditating and go back to bed once I feel tired. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When sleeping at home, I only use my <b>bedroom</b> for <b>sleep</b> and <b>intimacy</b> . (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sleep on a <b>comfortable bed</b> (for example: good mattress, supportive pillow, doona/quilt light weight and warm, enough blankets). (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sleep in a <b>comfortable bedroom</b> (for example: cool, dark, quiet, good airflow). (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before bedtime, I <b>take steps to wind down</b> (for example, have a warm bath/shower, listen to relaxing music, or meditate). (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am <b>in bed</b> , I am able to <b>relax my mind</b> and <b>not plan</b> , or <b>worry</b> . (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I <b>prioritise sleep</b> over social events, household activities and chores. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PSQI Instructions The following questions relate to your **usual sleep habits** during the **past month only**.

Your answers should indicate **the most accurate** reply for the majority of days and nights in the **past month**. (*Please answer **all** questions*).

PSQI 1 During the PAST MONTH, what time have you usually gone to bed at night?

	Hours	Minutes	AM/PM	
			AM (1)	PM (2)
Bed time (1)	▼ 1 (1 ... 12 (12))	▼ 00 (1 ... (5))	<input type="radio"/>	<input type="radio"/>

PSQI 2 During the PAST MONTH, how long has it usually taken you to fall asleep each night?

- 15 minutes or less (1)
- 16 - 30 minutes (2)
- 31 - 60 minutes (3)
- More than 60 minutes (4)

PSQI 3

During the PAST MONTH, at bedtime, how many **hours** would you **usually spend in bed**? (This may be different to the number of hours you were actually asleep.)

	Hours	Minutes

PSQI 4 During the PAST MONTH, how many **hours of actual sleep** did you usually get at bedtime?

(This may be different than the number of hours you spent in bed.)

	Hours	Minutes

PSQI 5 During the **past month**, how often have you had **trouble sleeping** because you...

	Not during the past month (1)	Less than once a week (2)	Once or twice a week (3)	Three or more times a week (4)
...cannot get to sleep within 30 minutes (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...wake up in the middle of the night or early morning (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have to get up to use the bathroom (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...cannot breathe comfortably (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...cough or snore loudly (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feel too cold (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feel too hot (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...had bad dreams (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have pain (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSQI 6 Is there any **other reason(s)** you have had **trouble sleeping** in the **past month**?  
*Leave empty if no other reason(s).*

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PSQI 7 During the **past month**, how often have you had **trouble sleeping** because of this?

	Not during the past month (1)	Less than once a week (2)	Once or twice a week (3)	Three or more times a week (4)	Not applicable (5)
Other reason (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSQI 8 During the **past month**, how would you rate your **sleep quality** overall?

- Very good (1)
- Fairly good (2)
- Fairly bad (3)
- Very bad (4)

PSQI 9 During the **past month**...

	Not during the past month (1)	Less than once a week (2)	Once or twice a week (3)	Three or more times a week (4)
How often have you <b>taken medicine</b> (prescribed or "over the counter") to <b>help you sleep</b> ? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had <b>trouble staying awake</b> while driving, eating meals, or engaging in social activity? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSQI 10 During the **past month**, **how much** of a problem has it been for you to keep up enough **enthusiasm** to **get things done**?

- Not a problem at all (1)
- Only a very slight problem (2)
- Somewhat of a problem (3)
- A very big problem (4)



Is there **anything else** that you would like to tell us about your sleep behaviours and routine? **What works for you?**



Are there any **barriers** that prevent you **setting the right routine or environment** to help you achieve the **amount and quality sleep** you would like? (for example, I'm too tired to exercise, not enough time, family obligations)



From what you know (e.g., from the media, education, general knowledge), which of the following most accurately reflects the **order of importance of diet, sleep and exercise for optimal health and well-being?**

- exercise, diet, sleep
- exercise, sleep, diet
- sleep, diet, exercise
- sleep, exercise, diet
- diet, exercise, sleep
- diet, sleep, exercise



This survey is anonymous, however if you would like to receive a **summary of the results**, you can **leave your e-mail address** in a **separate link**.

- Yes**, I would like to provide my e-mail details for a summary of the findings
- No**, I do not wish to provide my details

## Appendix D - Comparison between Modified Sleep Hygiene Index (SHI-M) and Original Sleep Hygiene Index (SHI)

A Modified Sleep Hygiene Index (SHI-M) Questions	B. Original Sleep Hygiene Index Questions
1. I use naps to catch up on sleep and minimise feelings of fatigue.	1. I take daytime naps lasting two or more hours.
2. When I have consecutive shifts (day, night, afternoon), I go to bed and wake up at the same time.	2. I go to bed at different times from day to day.
3. I engage in regular, strenuous exercise (aiming for 150-300 minutes moderate intensity/week), but typically avoid vigorous exercise 1 hour before bedtime.	3. I get out of bed from different times from day to day.
4. I achieve 7-9 hours of quality sleep in a 24 hour period.	4. I exercise, to the point of sweating, within 1 hour of going to bed.
	5. I stay in bed longer than I should two or three times a week.
5. I avoid caffeine close to bed except when using caffeine to manage feelings of fatigue on the commute home.	
6. I avoid alcohol and/or nicotine within 4 hours of going to bed.	6. I use alcohol, tobacco, or caffeine within 4 hours of going to bed or after going to bed.
7. I limit food and fluid intake in the 1-2 hours before bedtime.	
8. As bedtime approaches, I avoid bright light and blue light (mobile phones, televisions, computers etc.) sources.	7. I do something that may wake me up before bedtime (for example, play video games, use the internet, or clean).
9. If I'm in bed and can't fall asleep within 20-30 minutes, I usually do something relaxing, like reading or meditating and go back to bed once I feel tired.	8. I go to bed feeling stressed, angry, upset, or nervous.
10. When sleeping at home, I only use my bedroom for sleep and intimacy.	9. I use my bed for things other than sleeping or sex (for example, watch television, read, eat, or study).
11. I sleep on a comfortable bed (for example: good mattress, supportive pillow, doona/quilt light weight and warm, enough blankets).	10. I sleep on an uncomfortable bed (for example, poor mattress or pillow, too much or not enough blankets)
12. I sleep in a comfortable bedroom (for example: cool, dark, quiet, good airflow).	11. I sleep in an uncomfortable bedroom (for example, too bright, too stuffy, too hot, too cold, too noisy)
13. Before bedtime, I take steps to wind down (for example, have a warm bath/shower, listen to relaxing music, or meditate).	12. I do important work before bedtime (for example, pay bills, schedule, or study)
14. When I am in bed, I am able to relax my mind and not plan, or worry.	13. I think, plan, or worry when I am in bed
15. I prioritise sleep over social events, household activities and chores.	
	Mastin, D. F., Bryson, J., & Corwyn, R. (2006). Assessment of Sleep Hygiene Using the Sleep Hygiene Index. <i>J Behav Med</i> , 29(3), 223-227.
	<a href="https://doi.org/10.1007/s10865-006-9047-6">https://doi.org/10.1007/s10865-006-9047-6</a>

