



THE PRIMARY CARE COMPANION FOR CNS DISORDERS

Supplementary Material

Article Title: A Novel Therapy for Chronic Sleep-Onset Insomnia: A Retrospective, Nonrandomized Controlled Study of Auto-Adjusting, Dual-Level, Positive Airway Pressure Technology

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APPENDIX 1

Assessment of psychophysiological conditioning was achieved using multiple scales and surveys from the online intake completed by all patients. First, time monitoring behavior (TMB) and accompanying frustration were evaluated using the TMB-10, which is a new, validated tool comprised of ten questions broken into two separate subscales: five questions cover TMB occurring prior to sleep onset (sleep onset related insomnia), while the other five questions deal with TMB during awakenings after sleep onset (sleep maintenance related insomnia). Only the first 5 questions, which are specific to sleep onset insomnia were used for this study. All questions are based on a 4-point Likert scale (0 – 3 with a subscale score range of 0 - 15) with higher scores indicating a higher frequency of TMB and greater frustration. For this sample, Cronbach's alpha = .95.

Next, the Sleep Hygiene Checklist (SHC-21) was used to assesses two specific behaviors affecting sleep onset: 1) removal of distractions in the bedroom, and 2) getting out of bed if sleep onset >30 minutes. Questions are based on a 5-point Likert scale (0-4) with higher scores indicative of stronger agreement that the behavior is practiced.

Four questions from the Sleep Medicine History (SMH) were used to assess the presence of influential factors (racing thoughts/mind won't turn off) and frequency of learned behaviors (alcohol/marijuana use) influencing insomnia. Frequency was measured on a 6-point Likert scale (0-5) with higher scores indicative of greater frequency.

Finally, seven questions from the ASKME-60 questionnaire were used to assess such factors as losing sleep over losing sleep or the belief of traumatic events affecting sleep. All questions are based on a 5-point Likert scale (0-4) with higher scores indicative of greater agreement with the statement.

Figure 1. Categorized Medications Used for Insomnia at Intake. Percentage of total prescription medications and percentage of total over the counter medications are reported

Benzodiazepines	Non-Benzodiazepines	Mood Stabilizers/ Antidepressants	Over the Counter
Lorazepam, 7.1%	Zolpidem, 30.4%	Trazodone, 12.5%	Melatonin, 52.2%
Temazepam, 7.1%	Eszopiclone, 7.1%	Amitriptyline, 5.4%	Antihistamines, 30.4%
Alprazolam, 5.4%		Mirtazapine, 3.6%	Herbal, 17.4%
Clonazepam, 5.4%		Quetiapine, 3.6%	
Diazepam, 1.8%		Clomipramine, 1.8%	
Triazolam, 1.8%		Doxepin, 1.8%	

* Medication used for sleep that did not fit into the above categories included Hydroxyzine (3.6%) and Ramelteon (1.8%).