Wearable and mobile technology to characterize daily pattern of sleep, stress, pre-sleep worry and mood in adolescent insomnia

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Appendix A: Items of the electronic diary form used in the study

1. How s	tressful was you	day?			
Not at all stre	ssful Not so st	ressful Some	ewhat stressful	O Very stressful	Extremely stressful
	dicate if the stres ion was triggered in				
School (e.g., I had an exam)	Family (e.g., I had an argument with my parents)	Health (e.g., I had an accident)	Relations wit your peers (e.g., I had a fi with my frien	ght	
2. How is	s your mood righ	t now?			
O Very bad	Somewh	at bad Ne	ither bad not good	Somewhat good	d Very good
3. How w	vorried do you fe	el right now?			
Not at all wor	ried Not so w	orried Som	ewhat worried	O Very worried	Extremely worried
•	vorried about any ion was triggered in		•	s "Not so worried	" or above]
School e.g., tomorrow have an exam)	Family (e.g., tomorrow I need to do something important with my parents)	Health (e.g., tomorrow I have an important visit to the doctor)	Relations with your peers (e.g., my friend asked me to talk, and I do not know what it is about)	Sleep (e.g., I am worried that I am not going to sleep well tonight)	Other (e.g., I am worried about something else happening tomorrow)