**Survey form**

**Private name: Naama**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** I use an app called “Baby Day Book” to manage baby care, especially the sleep journal. With my first baby, I tracked everything manually, but with my second child, I started using the app. I wanted to understand when babies are supposed to sleep, it helps me plan the day better.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 8**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** I think I am missing some sort of measurement of sleep quality, and information on what is causing the baby to wake up.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** Yes, I have been tracking sleep since the baby was born (for both of my child’s)

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Yes. For example, during the war, we slept in the safe room (Mamad), which only had air conditioning and no fan. I could see on the baby monitor that when temperature dropped, usually the baby woke up.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 9**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 5**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** I would like to know what is going on with the baby, whether they are climbing on the bed, sleeping or awake, crying, and so on.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 6**

**Survey form**

**Private name: Shir**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** I don’t use any specific tool, I follow the recommended wake and sleep windows according to the baby’s age.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 5**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** Not relevant due to answer of question 1.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** I constantly keep track to make sure the sleep periods are not too long.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Yes – sometimes I could see the relation.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 5**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 8**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** Breathing and temperature monitoring.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 10**

**Survey form**

**Private name: Eden**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** I use a baby monitor with a camera and microphone so I can see and hear the baby throughout the night.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 7**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** Additional indicators that could signal urgent distress - something beyond just visuals and sound, to really know if the baby is physically okay.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** No, I have not done long-term documentation or tracking.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Yes, I have noticed that environmental factors can affect the baby’s sleep.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 3**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 8**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** I’d like to receive information on heart rate, breathing, and temperature.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 9**

**Survey form**

**Private name: Ehud**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** I track sleep sometimes, but not consistently. Most nights the baby sleeps fine, except during nights with sirens or loud noises related to the war.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 4**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** Maybe more information about what affects sleep during noisy nights.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** No, only from time to time.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Yes, noise definitely.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 6**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 7**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** Just alerts if something's wrong, like if the baby wakes suddenly or there's a loud noise.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 5**

**Survey form**

**Private name: Maayan**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** We track regularly and work with a sleep psychologist. We use a baby monitor that shows video and room temperature, but it does not give us real sleep data.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 9**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** Objective sleep data - how long the baby actually sleeps and how deep.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** Yes, almost daily.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Sometimes, especially with room temperature shifts.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 7**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 8**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** Sleep quality, alert if baby wakes too often or has restless sleep.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 10**

**Survey form**

**Private name: Liron**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** I don’t really track - my baby sleeps really well. Sometimes she wakes randomly, but we don’t think it’s environment-related.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 2**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** Honestly, nothing at the moment.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** No.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Haven’t noticed any connection.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 4**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 6**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** Not really looking for more info at this stage.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 2**

**Survey form**

**Private name: Yair**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** We write short notes in WhatsApp between me and my husband. It helps us stay coordinated.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 6**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** Sometimes the baby wakes up crying and sweating, even when the room seems cool - would be helpful to know what’s going on, we currently think its something in the air maybe(they meant humidity).

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** Yes, informally through WhatsApp.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Possibly temperature, but we’re not sure.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 5**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 7**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** Body temperature, maybe sweating or distress indicators.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 6**

**Survey form**

**Private name: Yuval**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** Sometimes I track the sleep, but not daily. Lately, the sleep cycles have been really short, and I’m not sure if that’s normal.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 7**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** I think Context - what’s normal, what’s not, and when to be concerned.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** Here and there.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Not sure, maybe.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 5**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 6**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** Sleep stages and alerts if something is off.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 7**

**Survey form**

**Private name: Shani**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** Mostly track feedings, but sometimes note sleep too. When we switched from winter to summer, sleep was affected - we think it was because of room temperature.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 6**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** Clear connection between room conditions and sleep quality.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** A bit, mostly feeding though.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Yes, temperature during seasonal transitions.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 6**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 7**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** Alerts on room comfort levels and how they impact sleep.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 7**

**Survey form**

**Private name: Noy**

1. **What tools or methods do you currently use to track your baby's sleep patterns, and why?**

**Answer:** We sometimes use notes on the phone to mark nap and bedtime, just to see if there’s a pattern.

1. **On a scale of 1-10 (1 = very low, 10 = very high), how strong is your need for continuous tracking of your baby's sleep hours and sleep quality?**

**Answer: 5**

1. **What do you feel is missing in your current sleep tracking to know that your baby is okay throughout the night?**

**Answer:** A clear view of how long she sleeps overall and what affects her waking.

1. **Have you ever documented or tracked your baby's sleep patterns over days or weeks?**

**Answer:** A few times when we felt things were off.

1. **Have you noticed if your baby's awakenings are related to noise or room temperature conditions?**

**Answer:** Hard to say. Maybe noise from our neighbors from the building.

1. **On a scale of 1-10 (1 = not aware, 10 = very** aware**), How aware are you of temperature and humidity changes in the room during the night?**

**Answer: 4**

1. **On a scale of 1-10 (1 = not uncomfortable, 10 = very comfortable), how comfortable are you with placing digital/internet-connected devices in your baby’s environment?**

**Answer: 6**

1. **What kind of information would you like to receive to know that your baby is sleeping safely?**

**Answer:** Maybe receiving information on breathing and temperature.

1. **On a scale of 1-10 (1 = very low, 10 = very high), How much would you like to receive weekly automatic reports on your baby’s sleep quality?**

**Answer: 6**