

Appendix A. BBC EHS Study Items

A. BACKGROUND INFORMATION

Where do you live?

- UK (including Channel Islands and the Isle of Man)
- Other Europe
- USA
- Other
- Prefer not to say

How old are you?

- Under 18
- 18
- 19
- Etc.

Which gender do you most identify with?

- Male
- Female
- Other
- Prefer not to say

Which of the following ethnic groups do you consider yourself to be? Please select all that apply.

- White
- Gypsy, Roma or Traveller
- Black/Black British
- Asian/Asian British
- Mixed/Multiple Ethnic Groups
- Arab
- Other Ethnic Background (please specify)
- Prefer not to say

What is your current employment status? Please select all that apply.

- Employed full-time
- Employed part-time
- Studying full-time
- Studying part-time
- Retired
- Not working
- Other (please specify)
- Prefer not to say

What is your *legal* marital status?

- Single
- Living with partner
- Married
- In a registered same-sex civil partnership
- Separated/legally divorced
- Other (please specify)
- Prefer not to say

B. SLEEP HABITS

The following questions relate to your sleep habits during the past month only. When answering, please think about **the most accurate reply for the majority of days and nights in the past month**.

During the past month, when have you usually gone to bed at night? Please give the hour and minutes using the following 24-hour clock format e.g. 22:45. ¹

- (Time pattern entry)
- Don't know

During the past month, how long (in minutes), has it usually taken you to fall asleep each night? ¹

- (Numerical text entry)
- Don't know

During the past month, when have you usually got up in the morning? Please write the hour and minutes using the following 24-hour clock format e.g. 07:45. ¹

- (Time pattern entry)
- Don't know

During the past month, how many hours of actual sleep did you get at night? This may be different than the number of hours you spent in bed. Please give your answer in the 24-hour clock format e.g. 07:45 to mean 7 hours and 45 minutes of sleep per night. ¹

- (Numerical text entry)
- Don't know

The next few questions are about sleep difficulties you might have experienced in the **past two weeks**.

Please rate your overall difficulties sleeping (i.e. falling asleep, staying asleep or waking up too early), in the past two weeks. ²

- None
- Mild
- Moderate
- Severe
- Very severe

Over the past two weeks, to what extent do you consider yourself to have a sleep problem (i.e. problem falling asleep, staying asleep, or waking up too early) that *interferes* with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)? ²

Not at all interfering

- A little interfering
- Somewhat interfering
- Much interfering
- Very much interfering
- Don't know

In the past two weeks, how satisfied or dissatisfied have you been with your sleep patterns (i.e. problem falling asleep, staying asleep, or waking too early)? ²

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

C. EXPLODING HEAD SYNDROME ITEMS

Next we want to ask you about various sleep disturbances you may or may not have experienced.

Have you ever heard a sudden, loud noise or felt something like an explosion in your head *without an obvious explanation* when you were going to sleep or waking up? ³

- Never
- Once
- Twice or several times in life
- Several times a year
- Monthly
- Weekly
- Several times a week
- Don't know

How often do these loud noises or sensations of explosion wake you up? ³

- Never
- Some of the time
- Most of the time
- All of the time
- Don't know

How much pain does these loud noises or sensations of explosion cause you? ³

- No pain
- Mild pain
- Moderate pain
- Severe pain
- Very severe pain
- Don't know

How much fear does these loud noises or sensations of explosion cause you? ³

- No fear
- Mild fear
- Moderate fear
- Severe fear
- Very severe fear
- Don't know

Please rate the extent to which these loud noises or sensations of explosion distress you (i.e. you are upset about them or worry about having more). ³

- Not at all
- Mild distress
- Moderate distress
- Severe distress
- Very severe distress
- Don't know

Please rate the extent to which these loud noises or sensations of explosion interfere with your life (i.e. make sleep difficult or otherwise interfere with your life roles). ³

- Not at all
- Mild interference
- Moderate interference
- Severe interference
- Very severe interference
- Don't know

What do you think causes these loud noises or sensations of explosion? Please select as many answers as apply. ³

- Medication side effects
- Something in the brain
- Stress
- Electronic equipment
- Something supernatural (e.g. ghosts, demons, aliens)
- Other (please specify)
- Don't know

Do you ever do anything to try to prevent these episodes from occurring? ³

- Yes
- No

Please briefly list what you do separately in the boxes below, and the % of time it works. (Please type the number only, without the % sign into the boxes).

D. OTHER ITEMS

Have you ever been diagnosed with narcolepsy?

- Yes
- No
- Not sure

If you're happy to, please list any sleep disorders or neurological difficulties you have been diagnosed with (excluding narcolepsy).

- Prefer not to say

And if you're happy to, please list any medications you're currently taking.

- Prefer not to say

¹ = Item derived from *Pittsburgh Sleep Quality Index*

² = Item derived from the *Insomnia Severity Scale*

³ = Item derived from the *Exploding Head Syndrome Interview*

References

¹ Buysse DJ, Reynolds CF, Monk TH, Berman SR, Kupfer DJ. The Pittsburgh sleep quality index: A new instrument for psychiatric practice and research. *Psychiatry Res* 1989; 28: 193-213.

² Morin CM, Belleville G, Bélanger L, Ivers H. The Insomnia Severity Index: psychometric indicators to detect insomnia cases and evaluate treatment response. *Sleep* 2011; 34: 601-608.

³ Sharpless BA. Exploding head syndrome is common in college students. *J Sleep Res* 2015; 25: 447-449.