Supplementary Material File 1: GP validation questionnaire

**Cover letter**

Dear General Practitioner,

We are conducting an NHS commissioned study (NIHR HTA project 14/221/02, https://www.journalslibrary.nihr.ac.uk/programmes/hta/1422102/#/) into the effects of treatments for sleep disturbance in dementia, using data from the Clinical Practice Research Datalink (CPRD).

To check our study coding of dementia and sleep disturbance we are conducting a short survey of general practitioners. We would therefore be grateful for your assistance in answering four brief questions about your patient.

Regarding ‘sleep disturbance’, by this we mean not only insomnia, but any events that may interfere with the patient’s sleep and may require treatment or intervention e.g. night time wandering, restless sleep, inversion of sleep rhythm, etc.

This study has been approved by the Independent Scientific Advisory Committee (ISAC) of the CPRD (protocol 16\_181).

Thank you for your time, your response will help our study and others conducting related research to improve advice on prescribing for sleep disturbance in dementia in the future.

Yours sincerely,

Dr Kathryn Richardson

University of East Anglia

On behalf of the research team

Research questionnaire on sleep disturbance in dementia

**1.** Based on information in paper or electronic records, does this patient have a diagnosis of dementia?

Yes

No

**2.** If yes, what was the date of the first recorded dementia diagnosis?

Date (dd/mmm/yyyy e.g. 26 / MAR / 2017): \_ \_ / \_ \_ \_ / \_ \_ \_ \_

**3.** Based on information in paper or electronic records, has this patient had any reported sleep disturbances\* since being diagnosed with dementia (or if they do not have a dementia diagnosis, have they reported a sleep disturbance\* since January 2013)?

Yes

No

**4.** If yes, what was the date of the first recorded sleep disturbance\* since being diagnosed with dementia (or since January 2013 if they have not been diagnosed with dementia)?

Date (dd/mmm/yyyy e.g. 26 / MAR / 2017): \_ \_ / \_ \_ \_ / \_ \_ \_ \_

*\** ***sleep disturbance*** *defined as not only insomnia, but any events that may interfere with the patient’s sleep and may require treatment or intervention e.g. night time wandering, restless sleep, inversion of sleep rhythm, etc.*

Space for any comments you feel relevant: ……………………….……………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………..………………………….

……………………………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………………………...