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## Health Questionnaires

***Please complete this booklet on your own and outside of your SHOW Appointments.***

***Please bring this finished booklet to your appointment at the SHOW Survey Center.***

***This should take less than one hour. If you have any questions, please bring them to your appointment at the SHOW Survey Center.***

**You are helping us learn more about the health of the people of Wisconsin by completing this booklet.**

**Thank you!**

<i>For Office Use Only</i>
CheckerInitials _____
Date: _____



**University of Wisconsin  
SCHOOL OF MEDICINE  
AND PUBLIC HEALTH**

### Section D: Sleep Habits and Problems

The next questions concern sleep, which can affect your health in many different ways.

**IF YOU CURRENTLY WORK OR ARE IN SCHOOL** — including working from home, or have a sleep schedule that changes during the week because you do unpaid activities like homemaking or volunteering — **please fill out Question 1 (pages 10 and 11).** **IF YOU ARE UNEMPLOYED OR RETIRED**, and have a sleep schedule that does not change throughout the week, **skip Question 1a to 1h, and go to Question 2a (page 12).**

**1a. In a typical week over the past month, how many days out of 7 did you usually work?**

*Please mark only one*

QD\_SLP\_1A

FMT\_QD1A

- 1 day   
  2 days   
  3 days   
  4 days   
  5 days   
  6 days   
  7 days

**1b. Do you typically work: Please mark only one**

QD\_SLP\_1B

FMT\_QD1B

- Day and/or evening hours (between 6 a.m. and 10 p.m.)  
 Night hours (4 or more hours between 10 p.m. and 6 a.m.)  
 Rotating hours (rotating day or evening hours and night hours)  
 Other

**1c. On work or school days, over the past month, what time did you usually turn off the lights to go to sleep before a workday? For example: 8:30 p.m.**

QD\_SLP\_1C\_A

FMT\_NUMERIC

:

(time)

- a.m.    or     p.m.

QD\_SLP\_1C\_B

FMT\_NUMERIC

Don't know

QD\_SLP\_1C\_C

FMT\_AM\_PM

**1d. On work or school days, over the past month, what time did you usually get out of bed to start the day? For example: 6:30 a.m.**

QD\_SLP\_1D\_A

FMT\_NUMERIC

:

(time)

- a.m.    or     p.m.

QD\_SLP\_1D\_B

FMT\_NUMERIC

Don't know

QD\_SLP\_1D\_C

FMT\_AM\_PM

**1e. On a typical work or school day, over the past month, how many hours and minutes do you think you actually slept? This may be different than the time spent in bed. (Do not include time spent napping). For example: 7 hours and 45 minutes.**

QD\_SLP\_1E\_A

FMT\_NUMERIC

hours and

minutes

QD\_SLP\_1E\_B

FMT\_NUMERIC

Don't know

1f. On NON-work or non-school days, over the past month, what time did you usually turn off the lights to go to sleep before a NON-workday? For example: 8:30 p.m.

 : 

(time)

 a.m. or  p.m.

QD\_SLP\_1F\_A FMT\_NUMERIC  
 QD\_SLP\_1F\_B FMT\_NUMERIC  
 Don't know  
 QD\_SLP\_1F\_C FMT\_AM\_PM

1g. On NON-work or non-school days, over the past month, what time did you usually get out of bed to start the day? For example: 6:30 a.m.

 : 

(time)

 a.m. or  p.m.

QD\_SLP\_1G\_A FMT\_NUMERIC  
 QD\_SLP\_1G\_B FMT\_NUMERIC  
 Don't know  
 QD\_SLP\_1G\_C FMT\_AM\_PM

1h. On a typical NON-work or non-school day, over the past month, how many hours and minutes do you think you actually slept? This may be different than the time spent in bed. (Do not include time spent napping). For example: 7 hours and 45 minutes.

hours and

minutes

Don't know

QD\_SLP\_1H\_A FMT\_NUMERIC

QD\_SLP\_1H\_B FMT\_NUMERIC

➔ Please go to Question 3a (skip Question 2a to 2c on page 12).

**IF YOU ARE CURRENTLY UNEMPLOYED OR RETIRED, please fill out this page (Questions 2a to 2c). Otherwise, skip to Question 3a on page 13.**

**2a. Over the past month, what time did you usually turn off the lights to go to sleep?**

**For example: 8:30 p.m.**

:

(time)

a.m.

or

p.m.

QD\_SLP\_2A\_A

FMT\_NUMERIC

QD\_SLP\_2A\_B

FMT\_NUMERIC

QD\_SLP\_2A\_C

FMT\_AM\_PM

Don't know

**2b. Over the past month, what time did you usually get out of bed to start the day?**

**For example: 6:30 a.m.**

:

(time)

a.m.

or

p.m.

QD\_SLP\_2B\_A

FMT\_NUMERIC

QD\_SLP\_2B\_B

FMT\_NUMERIC

QD\_SLP\_2B\_C

FMT\_AM\_PM

Don't know

**2c. On a typical day, over the past month, how many hours and minutes do you think you actually slept? This may be different than the time spent in bed.**

**(Do not include time spent napping). For example: 7 hours and 45 minutes.**

hours and

minutes

Don't know

QD\_SLP\_2C\_A

FMT\_NUMERIC

QD\_SLP\_2C\_B

FMT\_NUMERIC

**➔ Please continue to Question 3a on the next page.**

3a. **In the past month, did you have a daytime or evening nap that lasted more than 5 minutes?**

- Yes QD\_SLP\_3A FMT\_YES\_NO  
 No → **Go to question 4**  
 Don't know

3b. **In a typical week over the past month, how many days out of 7 did you usually have a daytime or evening nap? *Please mark only one***

QD\_SLP\_3B FMT\_QD3B

- Less than 1 day per week in the last month  
 1 day  
 2 days  
 3 days  
 4 days  
 5 days  
 6 days  
 7 days  
 Don't know

3c. **On average, how many hours and minutes do you usually nap at one time?**

**For example: 0 hours and 45 minutes.**

QD\_SLP\_3C\_A FMT\_NUMERIC



hours and



minutes

QD\_SLP\_3C\_B FMT\_NUMERIC

Don't know

3d. **What are the reasons you usually nap? *Please mark all that apply***

- I do not get enough sleep at night QD\_SLP\_3D\_A FMT\_YES\_NO  
 I nap due to illness or for medical reasons QD\_SLP\_3D\_B FMT\_YES\_NO  
 I nap because it makes me feel refreshed in general QD\_SLP\_3D\_C FMT\_YES\_NO  
 I feel unhappy or unwell QD\_SLP\_3D\_D FMT\_YES\_NO  
 I feel unhappy or unwell QD\_SLP\_3D\_E FMT\_YES\_NO  
 Other reasons, *please specify:*  QD\_SLP\_3D\_F FMT\_YES\_NO  
 Don't know

**4. Over the past month, how would you rate your sleep quality overall?**

- Excellent
- Very good
- Good
- Fair
- Poor

QD\_SLP\_4 FMT\_QD4\_

**5. Different people may need different amounts of sleep. How many hours and minutes of sleep do you think you currently need each day to feel well-rested and alert?**

hours and

minutes

QD\_SLP\_5\_A FMT\_NUMERIC

QD\_SLP\_5\_B  Don't know FMT\_NUMERIC

**6. In the past 12 months, how often did you snore while you were sleeping?**

- Never
- Rarely (1-2 nights per week)
- Occasionally (3-4 nights per week)
- Frequently (5 or more nights per week)
- Don't know (no one has told you that you snore)

QD\_SLP\_6 FMT\_SNORE\_SNORT

**7. In the past 12 months, how often did you snort, gasp, or stop breathing while you were asleep?**

- Never
- Rarely (1-2 nights per week)
- Occasionally (3-4 nights per week)
- Frequently (5 or more nights per week)
- Don't know (no one has told you that you snort, gasp, or stop breathing while sleeping)

QD\_SLP\_7 FMT\_SNORE\_SNORT

8. Have you ever told a doctor or other health professional that you have trouble sleeping?

- Yes QD\_SLP\_8 FMT\_YES\_NO
- No
- Don't know

9a. Have you ever been told by a doctor or other health professional that you have sleep apnea?

- Yes QD\_SLP\_9A FMT\_YES\_NO
- No → Go to question 10
- Don't know → Go to question 10

9b. If yes, which treatments for sleep apnea have you had? *Please mark all that apply*

- None QD\_SLP\_9B\_A FMT\_YES\_NO
- Weight loss QD\_SLP\_9B\_B FMT\_YES\_NO
- CPAP/BiPAP QD\_SLP\_9B\_C FMT\_YES\_NO
- Surgery QD\_SLP\_9B\_D FMT\_YES\_NO
- Dental device QD\_SLP\_9B\_E FMT\_YES\_NO
- Other, *please specify*: QD\_SLP\_9B\_F FMT\_YES\_NO
- Don't know QD\_SLP\_9B\_G FMT\_YES\_NO

10. Have you ever been told by a doctor or other health professional that you have a sleep disorder other than sleep apnea? *Please mark all that apply*

- Yes, insomnia QD\_SLP\_10\_A FMT\_YES\_NO
- Yes, restless legs QD\_SLP\_10\_B FMT\_YES\_NO
- Yes, narcolepsy QD\_SLP\_10\_C FMT\_YES\_NO
- Yes, other sleep disorder, *please specify*: QD\_SLP\_10\_D FMT\_YES\_NO
- No QD\_SLP\_10\_E FMT\_YES\_NO
- Don't know QD\_SLP\_10\_F FMT\_YES\_NO

**11. Do you routinely use over-the-counter or prescription medications, alcohol, or behavioral techniques to help you fall or stay asleep? Please mark all that apply**

- Yes, over-the-counter (such as Benadryl) or herbal medications QD\_SLP\_11\_A FMT\_YES\_NO
- Yes, prescription medications (such as Ambien, Rozerem, ProSom, etc.) QD\_SLP\_11\_B FMT\_YES\_NO
- Yes, alcoholic beverages near bedtime QD\_SLP\_11\_C FMT\_YES\_NO
- Yes, relaxation techniques or changes in sleep habits QD\_SLP\_11\_D FMT\_YES\_NO
- Yes, cognitive behavioral therapy (CBT) prescribed by a physician QD\_SLP\_11\_E FMT\_YES\_NO
- Yes, other, please specify: QD\_SLP\_11\_F FMT\_YES\_NO
- No QD\_SLP\_11\_G FMT\_YES\_NO
- Don't know QD\_SLP\_11\_H FMT\_YES\_NO

**12. In the past month, how often did you have trouble falling asleep? Please mark only one**

- Never QD\_SLP\_12 FMT\_PASTMONTH
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

**13. In the past month, how often did you wake up during the night and have trouble getting back to sleep? Please mark only one**

- Never QD\_SLP\_13 FMT\_PASTMONTH
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know



14. **In the past month**, how often did you wake up too early in the morning and were unable to get back to sleep? *Please mark only one*

- Never QD\_SLP\_14      FMT\_PASTMONTH
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

15. **In the past month**, how often did you feel excessively sleepy during the day?  
*Please mark only one*

- Never QD\_SLP\_15      FMT\_PASTMONTH
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

16. **In the past month**, how often did you feel unrested during the day, no matter how many hours of sleep you have had? *Please mark only one*

- Never QD\_SLP\_16      FMT\_PASTMONTH
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

**17. In the past month, how often did you not get enough sleep? *Please mark only one***

- Never QD\_SLP\_17      FMT\_PASTMONTH
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

**18. In the past month, how often did you take sleeping pills or other medication to help you sleep? *Please mark only one***

- Never QD\_SLP\_18      FMT\_PASTMONTH
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Refuse to answer
- Don't know

**19. Do you generally have difficulty performing employed or volunteer work (or school work if you are in school) because you are sleepy? *Please mark only one***

- Don't do this activity for other reasons (such as being retired)
- No difficulty QD\_SLP\_19      FMT\_QD19\_
- Yes, a little difficulty
- Yes, moderate difficulty
- Yes, extreme difficulty
- Don't know

**20. Do you generally have difficulty concentrating or remembering because you feel sleepy?**  
*Please mark only one*

QD\_SLP\_20

FMT\_QD20\_

- No difficulty
- Yes, a little difficulty
- Yes, moderate difficulty
- Yes, extreme difficulty
- Don't know

**21. Do you generally have difficulty getting things done because you are too sleepy to drive?**  
*Please mark only one*

QD\_SLP\_21

FMT\_QD21\_

- I do not drive for reasons other than being sleepy
- No difficulty
- Yes, a little difficulty
- Yes, moderate difficulty
- Yes, extreme difficulty
- Don't know

**22. Do you routinely use caffeine, over-the-counter medications or prescription medications to help you stay alert or awake? Please mark only one**

QD\_SLP\_22

FMT\_QD22\_

- No
- Yes, caffeinated drinks (such as coffee, cola, tea)
- Yes, over-the-counter (such as No-Doze) or herbal medications
- Yes, prescription medications (such as Modafinil/Provigil or Adderall)
- Yes, other
- Don't know

**23. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.**

**Chance of Dozing or Falling Asleep**

<b>No chance</b>	<b>Slight chance</b>	<b>Some chance</b>	<b>High chance</b>
▼	▼	▼	▼

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>23a. Sitting and reading</b> .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>23b. Watching TV</b> .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>23c. Sitting inactive in a public place (such as a theater or a meeting)</b> ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>23d. As a passenger in a car for an hour without a break</b> .....                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>23e. Lying down to rest in the afternoon when circumstances permit</b> .....       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>23f. Sitting and talking to someone</b> .....                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>23g. Sitting quietly after a lunch without alcohol</b> .....                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>23h. In a car, while stopped for a few minutes in traffic</b> .....                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

QD_SLP_23_A	FMT_QD23_
QD_SLP_23_B	FMT_QD23_
QD_SLP_23_C	FMT_QD23_
QD_SLP_23_D	FMT_QD23_
QD_SLP_23_E	FMT_QD23_
QD_SLP_23_F	FMT_QD23_
QD_SLP_23_G	FMT_QD23_
QD_SLP_23_H	FMT_QD23_