

Section D: Sleep Habits and Problems

IF YOU CURRENTLY WORK OR ARE IN SCHOOL—including working out of your home or regular unpaid activities that affect your sleep schedule such as homemaking or volunteering—please fill out Question 1 (this page). IF YOU ARE UNEMPLOYED OR RETIRED and do not have a sleep schedule that changes throughout the week, skip this page and go to Question 2 (next page)

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

Please check only one

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

QD_SLP_1A FMT_QD1A

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

- 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

QD_SLP_1B FMT_QD1B

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.**

: (time) a.m. or p.m.

QD_SLP_1C_A FMT_NUMERIC
 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.**

: (time) a.m. or p.m.

QD_SLP_1D_A FMT_NUMERIC
 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. For example, 7 hours and 45 minutes.**

hours and minutes

QD_SLP_1E_A FMT_NUMERIC
 QD_SLP_1E_B Don't know
 FMT_NUMERIC

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.**

hours and minutes

Don't know
 QD_SLP_1H_A FMT_NUMERIC
 QD_SLP_1H_B FMT_NUMERIC

PLEASE GO TO QUESTION 3 (SKIP QUESTION 2 on the next page).

IF YOU ARE CURRENTLY UNEMPLOYED OR RETIRED, please fill out this page (Question 2). Otherwise, skip to question 3 on the next page.

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

Don't know
FMT_AM_PM

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

Don't know
FMT_AM_PM

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.

For example, 7 hours and 45 minutes.

hours and

minutes

QD_SLP_2C_A

FMT_NUMERIC

QD_SLP_2C_B

FMT_NUMERIC

Don't know

Please continue to Question 3 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 check only one*

- Less than 1 day per week in the last month QD_SLP_3B FMT_QD3B
- 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
QD_SLP_3C_B FMT_NUMERIC

hours and minutes Don't know

3d. **What are the reasons you usually nap?** *Please check 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
- Other reasons—specify: QD_SLP_3D_E FMT_YES_NO
- Other reasons—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 Don't know

QD_SLP_5_A FMT_NUMERIC

QD_SLP_5_B FMT_NUMERIC

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

- Never QD_SLP_6 FMT_SNORE_SNORT
- 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)

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

- Never QD_SLP_7 FMT_SNORE_SNORT
- 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)

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

- Yes QD_SLP_8_A FMT_YES_NO
- No **(Go to question 9a)**
- Don't know **(Go to question 9a)**

8b. **Which type(s) of sleep problem(s) did you report to your doctor?**

- Snoring QD_SLP_8B_A FMT_YES_NO
- Sleep Apnea QD_SLP_8B_B FMT_YES_NO
- Insomnia QD_SLP_8B_C FMT_YES_NO
- Other, please specify _____ QD_SLP_8B_D FMT_YES_NO

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 check all that apply*

- | | | | | | |
|--|--|----------------------------------|-------------------------------|--|--|
| <input type="radio"/> None | | <input type="radio"/> CPAP/BiPAP | <input type="radio"/> Surgery | <input checked="" type="radio"/> Dental device | |
| <input type="radio"/> Weight loss | | | | | |
| <input type="radio"/> Other—specify: _____ | | | | | |
| <input type="radio"/> Don't know | | | | | |
- QD_SLP_9B_A FMT_YES_NO
 QD_SLP_9B_B FMT_YES_NO
 QD_SLP_9B_C FMT_YES_NO
 QD_SLP_9B_D FMT_YES_NO
 QD_SLP_9B_E FMT_YES_NO
 QD_SLP_9B_F FMT_YES_NO
 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 check all that apply*

- | | | | | | |
|-------------------------------------|--|---------------------------------------|---|--------------------------|----------------------------------|
| <input type="radio"/> Yes, insomnia | <input type="radio"/> Yes, restless legs | <input type="radio"/> Yes, narcolepsy | <input type="radio"/> Yes, other sleep disorder—specify _____ | <input type="radio"/> No | <input type="radio"/> Don't know |
|-------------------------------------|--|---------------------------------------|---|--------------------------|----------------------------------|
- QD_SLP_10_A FMT_YES_NO
 QD_SLP_10_B FMT_YES_NO
 QD_SLP_10_C FMT_YES_NO
 QD_SLP_10_D FMT_YES_NO
 QD_SLP_10_E FMT_YES_NO
 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 check all that apply*

- Yes, over-the-counter (such as Benedryl) or herbal medications
 Yes, prescription medications (such as Ambien, Rozerem, ProSom, etc.)
 Yes, alcoholic beverages near bedtime
 Yes, relaxation techniques or changes in sleep habits
 Yes, cognitive behavioral therapy (CBT) prescribed by a physician
 Yes, other—specify _____

- | | |
|--------------------------|----------------------------------|
| <input type="radio"/> No | <input type="radio"/> Don't know |
|--------------------------|----------------------------------|
- QD_SLP_11_A FMT_YES_NO
 QD_SLP_11_B FMT_YES_NO
 QD_SLP_11_C FMT_YES_NO
 QD_SLP_11_D FMT_YES_NO
 QD_SLP_11_E FMT_YES_NO
 QD_SLP_11_F FMT_YES_NO
 QD_SLP_11_G FMT_YES_NO
 QD_SLP_11_H FMT_YES_NO

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

- Never
 - 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
- QD_SLP_12 FMT_PASTMONTH

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

- Never
 - 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
- QD_SLP_13 FMT_PASTMONTH

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 check only one*

- Never
 - 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
- QD_SLP_14 FMT_PASTMONTH

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

- Never
 - 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
- QD_SLP_15 FMT_PASTMONTH

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 check 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 take sleeping pills or other medication to help you sleep? *Please check 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

18. **Do you generally have difficulty performing employed or volunteer work (or school work if you are in school) because you are sleepy?** *Please check 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

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

- No difficulty QD_SLP_20 FMT_QD20_
- Yes, a little difficulty
- Yes, moderate difficulty
- Yes, extreme difficulty
- Don't know

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

- I do not drive for other reasons other than being sleepy
- No difficulty QD_SLP_21 FMT_QD21_
- Yes, a little difficulty
- Yes, moderate difficulty
- Yes, extreme difficulty
- Don't know

21. **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.**

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_

Chance of Dozing or Falling Asleep

No chance **Slight chance** **Some chance** **High chance**
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- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 21a. Sitting and reading | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21b. Watching TV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21c. Sitting inactive in a public place (e.g., a theater or a meeting) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21d. As a passenger in a car for an hour without a break | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21e. Lying down to rest in the afternoon when circumstances permit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21f. Sitting and talking to someone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21g. Sitting quietly after a lunch without alcohol | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21h. In a car, while stopped for a few minutes in traffic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |