SLEEP SURVEY FOR MINORS

SLM005   The next questions will be on sleep habits.

              INTERVIEWER: HIT ENTER TO CONTINUE

IF AGE >=12 AND <18 GO TO SLM010
IF AGE >=3 and <12 then skip to SLM310
IF AGE <3 then skip to SLM610

SLM010   On a typical **weekday**, over the past month, how many hours and minutes do
              you think you 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 | SLM010_H   FMT_NUMERIC. |
              <0-12> NUMBER

              <d>   DON'T KNOW   **(GO TO SLM020)**
              <r>   REFUSED   **(GO TO SLM020)**

              MINUTES | SLM010_M   FMT_NUMERIC. |
              <0-59> NUMBER

SLM020   On a typical **weekend** day, over the past month, how many hours and minutes
              do you think you 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 | SLM020_H   FMT_NUMERIC. |
              <0-12> NUMBER

              <d>   DON'T KNOW   **(GO TO SLM030)**
              <r>   REFUSED   **(GO TO SLM030)**

              MINUTES | SLM020_M   FMT_NUMERIC. |
              <0-59> NUMBER

SLM030   In the past month, did you have a daytime or evening nap that lasted more than 5
              minutes?
              <1>   YES | SLM030   FMT_YES_NO. |
              <2>   NO **(GO TO SLM060)**

              <d>   DON'T KNOW **(GO TO SLM060)**
              <r>   REFUSED **(GO TO SLM060)**

SLEEP SURVEY FOR MINORS

SLM040   In a typical week over the past month, how many days out of 7 did you usually have a daytime or evening nap?

<0> LESS THAN 1 DAY PER WEEK IN THE LAST MONTH
<1> 1 DAY
<2> 2 DAYS
<3> 3 DAYS
<4> 4 DAYS
<5> 5 DAYS
<6> 6 DAYS
<7> 7 DAYS

SLM040	**FMT_QD3B.**

<d> DON'T KNOW
<r> REFUSED

SLM050   On average, how many hours and minutes do you usually nap at one time? For example: 0 hours and 45 minutes.

HOURS

SLM050_H	**FMT_NUMERIC.**

<0-4> NUMBER

<d>   DON'T KNOW   **(GO TO SLM060)**
<r>   REFUSED   **(GO TO SLM060)**

MINUTES

SLM050_M	**FMT_NUMERIC.**

<0-59> NUMBER

SLM060   Over the past month, how would you rate your sleep quality overall? Excellent, Very Good, Good, Fair, or Poor?

<1> EXCELLENT
<2> VERY GOOD
<3> GOOD
<4> FAIR
<5> POOR

SLM060	**FMT_QD4_.**

<d> DON'T KNOW
<r> REFUSED

SLM070   In the past 12 months, how often did you snore while you were sleeping?

(INTERVIEWER: HAND CARD)

SLEEP SURVEY FOR MINORS

<1> NEVER | SLM070 | FMT_SNORE_SNORT. |
<2> RARELY (1-2 NIGHTS PER WEEK)
<3> OCCASIONALLY (3-4 NIGHTS PER WEEK)
<4> FREQUENTLY (5 OR MORE NIGHTS PER WEEK)

<d> DON'T KNOW
<r> REFUSED

SLM080   <u>In the past 12 months,</u> how often did you snort, gasp, or stop breathing while you were asleep?

(INTERVIEWER: HAND CARD)

| SLM080 | FMT_SNORE_SNORT. |

<1> NEVER
<2> RARELY (1-2 NIGHTS PER WEEK)
<3> OCCASIONALLY (3-4 NIGHTS PER WEEK)
<4> FREQUENTLY (5 OR MORE NIGHTS PER WEEK)

<d> DON'T KNOW
<r> REFUSED

SLM090   Have you ever been told by a doctor or other health professional that you have **sleep apnea?**

<1>   YES
<2>   NO **(SKIP TO SLM110)**

| SLM090 | FMT_YES_NO. |

<d>   DON'T KNOW **(SKIP TO SLM110)**
<r>   REFUSED **(SKIP TO SLM110)**

SLM100   Which treatments for sleep apnea have you had?

 (INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY. ENTER 'x' WHEN DONE.)

<1> NONE | SLM100_A | FMT_SLM100_. |
<2> WEIGHT LOSS | SLM100_B | FMT_SLM100_. |
<3> CPAP/BIPAP | SLM100_C | FMT_SLM100_. |
<4> SURGERY | SLM100_D | FMT_SLM100_. |
<5> DENTAL DEVICE | SLM100_E | FMT_SLM100_. |
<6> TONSILS AND/OR ADENOIDS R | SLM100_F | FMT_SLM100_. |
<7> OTHER, **PLEASE SPECIFY**

| SLM100_OTHER | $FMT_CHAR. |

SLEEP SURVEY FOR MINORS

<d> DON'T KNOW
<r> REFUSED

SLM110   Have you <u>ever been told</u> by a doctor or other health professional that you have a
           sleep disorder <u>other than sleep apnea</u> including insomnia, restless leg,
           narcolepsy or another sleep condition?

           **(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY. ENTER 'x' WHEN
           DONE.)**

           <1> INSOMNIA
           <2> RESTLESS LEG
           <3> NARCOLEPSY
           <4> OTHER, **PLEASE SPECIFY**

           <5> NONE

           <d> DON'T KNOW
           <r> REFUSED

SLM110_A	FMT_SLM110_.
SLM110_B	FMT_SLM110_.
SLM110_C	FMT_SLM110_.
SLM110_D	FMT_SLM110_.
SLM110_E	FMT_SLM110_.
SLM110_OTHER	$FMT_CHAR.

SLM120   **In the past month,** how often did you have trouble falling asleep?

           (INTERVIEWER: HAND CARD)

SLM120	FMT_PASTMONTH.

           <1> NEVER
           <2> RARELY (1 TIME A MONTH)
           <3> SOMETIMES (2-4 TIMES A MONTH)
           <4> OFTEN (5-15 TIMES A MONTH)
           <5> ALMOST ALWAYS (16-30 TIMES A MONTH)

           <d> DON'T KNOW
           <r> REFUSED

SLM130   **In the past month,** how often did you wake up during the night and have trouble
           getting back to sleep?

           (INTERVIEWER: HAND CARD)

SLM130	FMT_PASTMONTH.

           <1> NEVER
           <2> RARELY (1 TIME A MONTH)
           <3> SOMETIMES (2-4 TIMES A MONTH)
           <4> OFTEN (5-15 TIMES A MONTH)
           <5> ALMOST ALWAYS (16-30 TIMES A MONTH)

           <d> DON'T KNOW

SLEEP SURVEY FOR MINORS

<r> REFUSED

SLM140   **In the past month,** how often did you wake up too early in the morning and were unable to get back to sleep?

(INTERVIEWER: HAND CARD) | SLM140   FMT_PASTMONTH. |

<1> NEVER
<2> RARELY (1 TIME A MONTH)
<3> SOMETIMES (2-4 TIMES A MONTH)
<4> OFTEN (5-15 TIMES A MONTH)
<5> ALMOST ALWAYS (16-30 TIMES A MONTH)

<d> DON'T KNOW
<r> REFUSED

SLM150   **In the past month,** how often did you feel excessively sleepy during the day?

(INTERVIEWER: HAND CARD)

<1> NEVER | SLM150   FMT_PASTMONTH. |
<2> RARELY (1 TIME A MONTH)
<3> SOMETIMES (2-4 TIMES A MONTH)
<4> OFTEN (5-15 TIMES A MONTH)
<5> ALMOST ALWAYS (16-30 TIMES A MONTH)

<d> DON'T KNOW
<r> REFUSED

SLM200   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.]

Sitting and reading?

(INTERVIEWER: HAND CARD) | SLM200   FMT_QD23_. |

<1> NO CHANCE
<2> SLIGHT CHANCE
<3> SOME CHANCE
<4> HIGH CHANCE

SLEEP SURVEY FOR MINORS

<d>   DON'T KNOW
<r>   REFUSED

SLM210   Watching TV?

(INTERVIEWER: HAND CARD)

| SLM210   FMT_QD23_. |

<1> NO CHANCE
<2> SLIGHT CHANCE
<3> SOME CHANCE
<4> HIGH CHANCE

<d>   DON'T KNOW
<r>   REFUSED

SLM220   Sitting inactive in a public place, such as a theater or a meeting?

(INTERVIEWER: HAND CARD)

<1> NO CHANCE | SLM220   FMT_QD23_. |
<2> SLIGHT CHANCE
<3> SOME CHANCE
<4> HIGH CHANCE

<d>   DON'T KNOW
<r>   REFUSED

SLM230   As a passenger in a car for an hour without break?

(INTERVIEWER: HAND CARD) | SLM230   FMT_QD23_. |

<1> NO CHANCE
<2> SLIGHT CHANCE
<3> SOME CHANCE
<4> HIGH CHANCE

<d>   DON'T KNOW
<r>   REFUSED

SLM240   Lying down to rest in the afternoon when circumstances permit?

(INTERVIEWER: HAND CARD)

SLEEP SURVEY FOR MINORS

<1> NO CHANCE
<2> SLIGHT CHANCE
<3> SOME CHANCE
<4> HIGH CHANCE

| SLM240 | FMT_QD23_. |

<d>   DON'T KNOW
<r>   REFUSED

SLM250   Sitting and talking to someone?

(INTERVIEWER: HAND CARD)

<1> NO CHANCE
<2> SLIGHT CHANCE
<3> SOME CHANCE
<4> HIGH CHANCE

| SLM250 | FMT_QD23_. |

<d>   DON'T KNOW
<r>   REFUSED

SLM260   Sitting quietly after lunch?

(INTERVIEWER: HAND CARD)

| SLM260 | FMT_QD23_. |

<1> NO CHANCE
<2> SLIGHT CHANCE
<3> SOME CHANCE
<4> HIGH CHANCE

<d>   DON'T KNOW
<r>   REFUSED

SLM270   Doing homework or taking a test?

(INTERVIEWER: HAND CARD)

<1> NO CHANCE
<2> SLIGHT CHANCE
<3> SOME CHANCE
<4> HIGH CHANCE

| SLM270 | FMT_QD23_. |

<d>   DON'T KNOW
<r>   REFUSED

SLEEP SURVEY FOR MINORS

[END SECTION; ACASI1]

SLM310	What is your child's usual bedtime on weeknights?

HOUR

| SLM310_H | FMT_NUMERIC. |

<0-12> NUMBER

<d>	DON'T KNOW	**(GO TO SLM320)**
<r>	REFUSED	**(GO TO SLM320)**

MINUTES

| SLM310_M | FMT_NUMERIC. |

<0-59> NUMBER

AND AM/PM

| SLM310_Q | FMT_AM_PM. |

<1> AM
<2> PM

SLM320	What is your child's usual bedtime on weekends?

HOUR

| SLM320_H | FMT_NUMERIC. |

<0-12> NUMBER

<d>	DON'T KNOW	**(GO TO SLM330_PRE)**
<r>	REFUSED	**(GO TO SLM330_PRE)**

MINUTES

| SLM320_M | FMT_NUMERIC. |

<0-59> NUMBER

AND AM/PM

| SLM320_Q | FMT_AM_PM. |

<1> AM
<2> PM

SLM330_PRE The following statements are about your [MINOR'S FIRST NAME]'s sleep habits and possible difficulties with sleep. Think about the past week in your life when you answer the questions. If last week was unusual for a specific reason, choose the most recent typical week.

INTERVIEWER: HIT ENTER TO CONTINUE

SLEEP SURVEY FOR MINORS

SLM330   Your child goes to bed at about the same time at night

(INTERVIEWER: HAND CARD)

<1>   ALWAYS (7)
<2>   USUALLY (5-6)   SLM330   FMT_AUSRN.
<3>   SOMETIMES (2-4)
<4>   RARELY (1)
<5>   NEVER (0)

<d>   DON'T KNOW
<r>   REFUSED

SLM340   Your child falls asleep within 20 minutes of going to bed

(INTERVIEWER: HAND CARD)

<1>   ALWAYS (7)
<2>   USUALLY (5-6)   SLM340   FMT_AUSRN.
<3>   SOMETIMES (2-4)
<4>   RARELY (1)
<5>   NEVER (0)

<d>   DON'T KNOW
<r>   REFUSED

SLM350   Your child resists going to bed at bedtime

(INTERVIEWER: HAND CARD)

<1>   ALWAYS (7)
<2>   USUALLY (5-6)   SLM350   FMT_AUSRN.
<3>   SOMETIMES (2-4)
<4>   RARELY (1)
<5>   NEVER (0)

<d>   DON'T KNOW
<r>   REFUSED

SLM360   Your child sleeps about the same amount each day

(INTERVIEWER: HAND CARD)

SLEEP SURVEY FOR MINORS

    <1> ALWAYS (7)
    <2> USUALLY (5-6)
    <3> SOMETIMES (2-4)
    <4> RARELY (1)
    <5> NEVER (0)

    | SLM360 | FMT_AUSRN. |

    <d> DON'T KNOW
    <r> REFUSED

SLM370   Your child is restless and moves a lot during sleep

    (INTERVIEWER: HAND CARD)

    <1> ALWAYS (7)
    <2> USUALLY (5-6)
    <3> SOMETIMES (2-4)
    <4> RARELY (1)
    <5> NEVER (0)

    | SLM370 | FMT_AUSRN. |

    <d> DON'T KNOW
    <r> REFUSED

SLM380   Your child snores loudly

    (INTERVIEWER: HAND CARD)

    <1> ALWAYS (7)
    <2> USUALLY (5-6)
    <3> SOMETIMES (2-4)
    <4> RARELY (1)
    <5> NEVER (0)

    | SLM380 | FMT_AUSRN. |

    <d> DON'T KNOW
    <r> REFUSED

SLM390   Your child naps during the day

    (INTERVIEWER: HAND CARD)

    | SLM390 | FMT_AUSRN. |

    <1> ALWAYS (7)
    <2> USUALLY (5-6)
    <3> SOMETIMES (2-4)
    <4> RARELY (1)
    <5> NEVER (0) **(SKIP TO SLM400)**

    <d> DON'T KNOW **(SKIP TO SLM400)**

SLEEP SURVEY FOR MINORS

<r>   REFUSED   **(SKIP TO SLM400)**

SLM395   How long do the naps usually last?

HOURS   SLM395_H   FMT_NUMERIC.

<0-4> NUMBER
<d>   DON'T KNOW   **(GO TO SLM400)**
<r>   REFUSED   **(GO TO SLM400)**

MINUTES

<0-59> NUMBER   SLM395_M   FMT_NUMERIC.

SLM400   What is the average number of night wakings per night?

<0-12>   NUMBER   SLM400   FMT_NUMERIC.

<d>   DON'T KNOW
<r>   REFUSED

SLM420   What time does your child usually wake up on weekdays?

                                              SLM420_H   FMT_NUMERIC.
<0-12> NUMBER

<d>   DON'T KNOW   **(GO TO SLM430)**
<r>   REFUSED   **(GO TO SLM430)**

MINUTES

<0-59> NUMBER   SLM420_M   FMT_NUMERIC.

AND AM/PM

<1> AM   SLM420_Q   FMT_AM_PM.
<2> PM

SLM430   What time does your child usually wake up on weekends?

HOUR   SLM430_H   FMT_NUMERIC.
<0-12> NUMBER

SLEEP SURVEY FOR MINORS

<d>   DON'T KNOW   **(GO TO HFM101)**
<r>   REFUSED   **(GO TO HFM101)**

MINUTES

<0-59> NUMBER

SLM430_M	FMT_NUMERIC.

AND AM/PM

<1> AM
<2> PM

SLM430_Q	FMT_AM_PM.

[END SECTION; GO TO HFM101]

SLM610   The following questions are about your child's sleep habits and possible difficulties with sleep.

In what position does your child sleep most of the time?

<1>   ON HIS/HER BELLY
<2>   ON HIS/HER SIDE
<3>   ON HIS/HER BACK

SLM610	FMT_SLM610_.

<d>   DON'T KNOW
<r>   REFUSED

SLM620   How much time does your child spend in sleep during the NIGHT, between 7 in the evening and 7 in the morning?

HOURS:
<0-12> HOURS

SLM620_H	FMT_NUMERIC.

<d>   DON'T KNOW   **(GO TO SLM630)**
<r>   REFUSED   **(GO TO SLM630)**

MINUTES:

<0-59> MINUTES

SLM620_M	FMT_NUMERIC.

<d>   DON'T KNOW
<r>   REFUSED

SLEEP SURVEY FOR MINORS

SLM630   How much time does your child spend in sleep during the DAY, between 7 in the morning and 7 in the evening?

HOURS:

<0-12> HOURS

| SLM630_H | FMT_NUMERIC. |

<d>   DON'T KNOW   **(GO TO SLM640)**
<r>   REFUSED   **(GO TO SLM640)**

MINUTES:

<0-59> MINUTES

| SLM630_M | FMT_NUMERIC. |

<d>   DON'T KNOW
<r>   REFUSED

SLM640   What is the average number of night wakings per night?

<0-12> NUMBER

| SLM640 | FMT_NUMERIC. |

<d>   DON'T KNOW
<r>   REFUSED

SLM650   How much time during the night does your child spend in wakefulness, from 10 in the evening to 6 in the morning?

HOURS:

<0-8> NUMBER

| SLM650_H | FMT_NUMERIC. |

<d>   DON'T KNOW   **(GO TO SLM660)**
<r>   REFUSED   **(GO TO SLM660)**

AND MINUTES

<0-59> NUMBER

| SLM650_M | FMT_NUMERIC. |

<d>   DON'T KNOW
<r>   REFUSED

SLM660   How long does it take to put your child to sleep in the evening?

SLEEP SURVEY FOR MINORS

HOURS:

<0-4> NUMBER

SLM660_H	FMT_NUMERIC.

<d>   DON'T KNOW   **(GO TO SLM670)**
<r>   REFUSED   **(GO TO SLM670)**

AND MINUTES

<0-59> NUMBER

SLM660_M	FMT_NUMERIC.

<d>   DON'T KNOW
<r>   REFUSED

SLM670   How does your child fall asleep?

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY. ENTER 'x' WHEN DONE.)

<1>   WHILE FEEDING
<2>   BEING ROCKED
<3>   BEING HELD
<4>   IN BED ALONE
<5>   IN BED NEAR PARENT

SLM670_A	FMT_670_.
SLM670_B	FMT_670_.
SLM670_C	FMT_670_.
SLM670_D	FMT_670_.
SLM670_E	FMT_670_.

<d>   DON'T KNOW
<r>   REFUSED

SLM680   When does your child usually fall asleep for the night?

HOUR

<0-12> NUMBER

SLM680_H	FMT_NUMERIC.

<d>   DON'T KNOW**(GO TO SLM690)**
<r>   REFUSED   **(GO TO SLM690)**

MINUTES

<0-59> NUMBER

SLM680_M	FMT_NUMERIC.

<d>   DON'T KNOW
<r>   REFUSED

SLEEP SURVEY FOR MINORS

AND AM/PM

SLM680_Q	FMT_AM_PM.

<1> AM
<2> PM

SLM690   Do you consider your child's sleep as a serious problem, a small problem, or not a problem at all?

SLM690	FMT_SLM690.

<1>   A SERIOUS PROBLEM
<2>   A SMALL PROBLEM
<3>   NOT A PROBLEM AT ALL

<d>   DON'T KNOW
<r>   REFUSED

[END SECTION; HFM101]