Sleep Habits and Problems

This next section asks questions about your sleep habits and sleep-related problems.

1. **On a typical <u>weekday</u>, over the <u>past month</u>, 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:

0	7	hours and	4	5	minutes

   Fill in your answer below.

		hours and			minutes	○ Don't know

   SLP010_H FMT_NUMERIC. SLP010_M FMT_NUMERIC.

2. **On a typical <u>weekend</u> day, over the <u>past month</u>, 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.)***

		hours and			minutes	○ Don't know

   SLP020_H FMT_NUMERIC. SLP020_M FMT_NUMERIC.

3. **<u>In a typical week over the past month</u>, how many <u>days</u> out of 7 did you usually have a daytime or evening nap?**

   SLP040 FMT_SLP040_.

   ○ Less than 1 day per week in the last month
   ○ 1 day per week
   ○ 2 days per week
   ○ 3 days per week
   ○ 4 days per week
   ○ 5 days per week
   ○ 6 days per week
   ○ 7 days per week

   ○ Don't know

4. <u>Over the past month</u>, how would you rate your sleep quality overall?

SLP060 FMT_QD4_.

- ◯ Excellent
- ◯ Very good
- ◯ Good
- ◯ Fair
- ◯ Poor

5. <u>In the past 12 months</u>, how often did you snore while you were sleeping?

SLP070 FMT_SNORE_SNORT.

- ◯ 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 told you that you snore)

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

SLP080 FMT_SNORE_SNORT.

- ◯ 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 told you that you snort, gasp, or stop breathing while sleeping)

7a. Have you <u>ever been told</u> by a doctor or other health professional that you have <u>sleep apnea</u>?

SLP090 FMT_YES_NO.

- ◯ Yes
- ◯ No → **Go to question 8, page 5**
- ◯ Don't know → **Go to question 8, page 5**

7b. If yes, which treatments for sleep apnea have you had? *Please fill in all that apply.*

- ◯ None — SLP100_A FMT_YES_NO.
- ◯ Weight loss — SLP100_B FMT_YES_NO.
- ◯ CPAP/BiPAP — SLP100_C FMT_YES_NO.
- ◯ Surgery — SLP100_D FMT_YES_NO.
- ◯ Dental device — SLP100_E FMT_YES_NO.
- ◯ Other — SLP100_F FMT_YES_NO.
- ◯ Don't know — SLP100_G FMT_YES_NO.

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

○ Yes, insomnia	SLP110_A FMT_YES_NO.
○ Yes, restless legs	SLP110_B FMT_YES_NO.
○ Yes, narcolepsy	SLP110_C FMT_YES_NO.
○ Yes, other sleep disorder	SLP110_D FMT_YES_NO.
○ No	SLP110_E FMT_YES_NO.
○ Don't know	SLP110_F FMT_YES_NO.

In the past month...

	Never	Rarely (1 time)	Sometimes (2-4 times)	Often (5-15 times)	Almost always (16-30 times)	Don't know
9. How often did you have trouble falling asleep.....	○	○	○	○	○	○
			SLP120	FMT_PASTMONTH.		
10. How often did you wake up during the night and have trouble getting back to sleep.....	○	○	○	○	○	○
			SLP130	FMT_PASTMONTH.		
11. How often did you wake up too early in the morning and have trouble getting back to sleep.....	○	○	○	○	○	○
			SLP140	FMT_PASTMONTH.		
12. How often did you feel excessively sleepy during the day.....	○	○	○	○	○	○
			SLP150	FMT_PASTMONTH.		

13. 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. If you have not done some of these things recently, try to guess how they would have affected you.***

	Chance of Dozing or Falling Asleep			
	No chance	**Slight chance**	**Some chance**	**High chance**
13a. Sitting and reading	○ SLP200	○ FMT_QD23_.	○	○
13b. Watching TV	○ SLP210	○ FMT_QD23_.	○	○
13c. Sitting inactive in a public place (such as a theater or a meeting)	○ SLP220	○ FMT_QD23_.	○	○
13d. As a passenger in a car for an hour without a break	○ SLP230	○ FMT_QD23_.	○	○
13e. Lying down to rest in the afternoon when circumstances permit	○ SLP240	○ FMT_QD23_.	○	○
13f. Sitting and talking to someone	○ SLP250	○ FMT_QD23_.	○	○
13g. Sitting quietly after a lunch without alcohol	○ SLP260	○ FMT_QD23_.	○	○
13h. In a car, while stopped for a few minutes in traffic	○ SLP265	○ FMT_QD23_.	○	○