

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

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

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. Don't know

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. Don't know

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 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. Don't know

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. Don't know

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

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. 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. 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.
For example, 7 hours and 45 minutes.

hours and minutes 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
- 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
- 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.

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
- I nap due to illness or for medical reasons
- I nap because it makes me feel refreshed in general
- I feel unhappy or unwell
- Other reasons—specify:
- Don't know

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

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)

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)

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

- Yes
- 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
- Sleep Apnea
- Insomnia
- Other, please specify _____

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



- Yes
- 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*

- None
- Weight loss CPAP/BiPAP Surgery Dental device
- Other—specify:
- Don't know

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*

- Yes, insomnia
- Yes, restless legs
- Yes, narcolepsy
- Yes, other sleep disorder—specify
- No
- Don't know

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
- No
- Don't know

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

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

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

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

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
- 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
- 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
- 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
- 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
- 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.

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"/> |