

SLEEP SURVEY FOR MINORS

IF AGE >=12 then questions will be asked directly to the minor

IF AGE >=3 and <12 then questions will be asked to the parent/guardian skip to SLM310

IF AGE <3 then questions will be asked to the parent/guardian skip to SLM610

IF AGE >=12 AND <18

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.

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<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.

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

SLM030 In the past month, did you have a daytime or evening nap that lasted more than 5 minutes?

<1> YES

<2> NO (GO TO SLM060)

<D> DON'T KNOW (GO TO SLM060)

<R> REFUSED (GO TO SLM060)

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

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<3> 3 DAYS

<4> 4 DAYS

<5> 3 DAYS

<6> 4 DAYS

<7> 3 DAYS

<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

<0-4> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<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

<D> DON'T KNOW

<R> REFUSED

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

[HAND CARD]

<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

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

[HAND CARD]

<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)

<D> DON'T KNOW (SKIP TO SLM110)

<R> REFUSED (SKIP TO SLM110)

SLM100 Which treatments for sleep apnea have you had? **[Check all that apply]**.

[HAND CARD]

<1> NONE

<2> WEIGHT LOSS

<3> CPAP/BIPAP

<4> SURGERY

<5> DENTAL DEVICE

<6> TONSILS AND/OR ADENOIDS REMOVED

<76> OTHER, **PLEASE SPECIFY**

<D> DON'T KNOW

<R> REFUSED

SLM110 Have you ever been told by a doctor or other health professional that you have a sleep disorder other than sleep apnea including insomnia, restless legs, narcolepsy or another sleep condition? **[Check all that apply]**.

[HAND CARD]

<1> INSOMNIA

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

- <D> DON'T KNOW
- <R> REFUSED

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

[HAND CARD]

- <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?

[HAND CARD]

- <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

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

[HAND CARD]

- <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)

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<D> DON'T KNOW

<R> REFUSED

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

[HAND CARD]

<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

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?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

SLM210 Watching TV?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

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<R> REFUSED

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

[HAND CARD]

<1> NO CHANCE
<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?

[HAND CARD]

<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?

[HAND CARD]

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

<D> DON'T KNOW
<R> REFUSED

SLM250 Sitting and talking to someone?

[HAND CARD]

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

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<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

SLM260 Sitting quietly after lunch?

[HAND CARD]

<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

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

IF AGE < 12 AND >= 3

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

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

AND AM/PM

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<1> AM

<2> PM

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

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

AND 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

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

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

<1> ALWAYS (7)

<2> USUALLY (5-6)

<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

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[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

- <1> ALWAYS (7)
- <2> USUALLY (5-6)
- <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

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

- <1> ALWAYS (7)
- <2> USUALLY (5-6)
- <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

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

- <1> ALWAYS (7)
- <2> USUALLY (5-6)
- <3> SOMETIMES (2-4)
- <4> RARELY (1)
- <5> NEVER (0)
- <D> DON'T KNOW
- <R> REFUSED

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SLM370 Your child is restless and moves a lot during sleep

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

- <1> ALWAYS (7)
- <2> USUALLY (5-6)
- <3> SOMETIMES (2-4)
- <4> RARELY (1)
- <5> NEVER (0)
- <D> DON'T KNOW
- <R> REFUSED

SLM380 Your child snores loudly

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

- <1> ALWAYS (7)
- <2> USUALLY (5-6)
- <3> SOMETIMES (2-4)
- <4> RARELY (1)
- <5> NEVER (0)
- <D> DON'T KNOW
- <R> REFUSED

SLM390 Your child naps during the day

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

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

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<D> DON'T KNOW

<R> REFUSED

SLM395 How long do the naps usually last?

HOURS

<0-4> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

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

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

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

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

AND AM/PM

<1> AM

<2> PM

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

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

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MINUTES

<0-59> NUMBER

AND AM/PM

<1> AM

<2> PM

IF AGE < 3

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

<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> NUMBER

<D> DON'T KNOW

<R> REFUSED

AND MINUTES

<0-59> NUMBER

<D> DON'T KNOW

<R> REFUSED

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> NUMBER

<D> DON'T KNOW

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<R> REFUSED

AND MINUTES

<0-59> NUMBER

<D> DON'T KNOW

<R> REFUSED

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

<0-12> NUMBER

<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

<D> DON'T KNOW

<R> REFUSED

AND MINUTES

<0-59> NUMBER

<D> DON'T KNOW

<R> REFUSED

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

HOURS:

<0-4> NUMBER

<D> DON'T KNOW

<R> REFUSED

AND MINUTES

<0-59> NUMBER

<D> DON'T KNOW

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<R> REFUSED

SLM670 How does your child fall asleep? Enter all the apply

[HAND CARD]

<1> WHILE FEEDING
<2> BEING ROCKED
<3> BEING HELD
<4> IN BED ALONE
<5> IN BED NEAR PARENT
<D> DON'T KNOW
<R> REFUSED

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

HOUR

<0-12> NUMBER
<D> DON'T KNOW
<R> REFUSED

MINUTES

<0-59> NUMBER
<D> DON'T KNOW
<R> REFUSED

AND 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?

<1> A SERIOUS PROBLEM
<2> A SMALL PROBLEM
<3> NOT A PROBLEM AT ALL
<D> DON'T KNOW
<R> REFUSED

