SQL Database: trec
SQL Table: shq_youthself

Youth Sleep and Health Questionnaire: Youth Self-Report

YSHQ_DATE

PERSONID

Person ID . 0 0

Visit Date / /

NAMECODE **Name Code**

The following questions are about your health. Please answer each question completely, including the "If No" and "If Yes" parts. If you are unsure of a term or word used, please ask the research assistant for help. All information will be kept strictly confidential and used for medical or research purposes only.

SECTION 1: PERSONAL INFORMATION

1. Name _____ (First Middle Last)
2. Address _____
   _____ (City State Zip)

These fields (Q. 1 - Q. 6) will not be entered into the database with the SHQ data.

3. E-Mail Address: _____
4. Telephone: _____ Mobile Phone: _____
5. Date of Birth ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)
6. Social Security #: ☐☐☐ - ☐☐ - ☐☐☐☐ (Required by University to issue payment.)

What is your …

ysex 7. Gender: ☐ Female (0) ☐ Male (1)

yethn 8. Ethnicity: ☐ Hispanic or Latino (1) ☐ Not Hispanic or Latino (2)

9. Race (please check all that apply):
   - yamerind ☐ American Indian or Alaska Native
   - yasian ☐ Asian
   - ypacisl ☐ Native Hawaiian or Other Pacific Islander
   - yblack ☐ Black or African American
   - ywhite ☐ White

10. What is your current height? yhtft _____ feet yhtin _____ inches
11. What is your current weight? ywtlbs _____ pounds

Youth Sleep and Health Questionnaire: Youth Self-Report

YSHQ_DATE

PERSONID

Person ID . 0 0

Visit Date / /

NAMECODE **Name Code**

SECTION 2: SLEEP AND HEALTH

yhealth 12. In general, would you say your health is:

1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

13. Over the **LAST MONTH** have you had or been told you do the following **DURING SLEEP**?

		Never	Rarely (Less than once a week)	Sometimes (1 to 2 times per week)	Frequently (3 to 4 times per week)	Always or Almost Always (5 to 7 times per week)	Not Sure
ybrdif	a. Breathing difficulty	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	-2 ☐
ychwhe	b. Chest is wheezy or whistling	☐	☐	☐	☐	☐	☐
yfrqaw	c. Frequent awakenings	☐	☐	☐	☐	☐	☐
yfrtoss	d. Frequent tossing, turning, or thrashing	☐	☐	☐	☐	☐	☐
yhrtbn	e. Heartburn	☐	☐	☐	☐	☐	☐
ylegjk	f. Legs are jumpy or jerk	☐	☐	☐	☐	☐	☐
ylgcrmp	g. Leg cramps	☐	☐	☐	☐	☐	☐
yloudsn	h. Loud Snoring	☐	☐	☐	☐	☐	☐
ylyaw	i. Lying awake feeling worried, depressed, or sad	☐	☐	☐	☐	☐	☐
ypain	j. Pain or physical discomfort	☐	☐	☐	☐	☐	☐
yrstlss	k. Restlessness	☐	☐	☐	☐	☐	☐
ysnor	l. Snore	☐	☐	☐	☐	☐	☐
ysnrt	m. Snort or gasp	☐	☐	☐	☐	☐	☐
ystpbr	n. Stop breathing	☐	☐	☐	☐	☐	☐
ystrbr	o. Struggle for breath	☐	☐	☐	☐	☐	☐
ystuf	p. Stuffy nose	☐	☐	☐	☐	☐	☐
ytalkslp	q. Talk in your sleep	☐	☐	☐	☐	☐	☐
ywalkslp	r. Walk in your sleep	☐	☐	☐	☐	☐	☐

14. Over the **LAST YEAR** how often on average have you had or been told that you do the following **DURING SLEEP**?

			Never	Rarely (Less than once a week)	Sometimes (1 to 2 times per week)	Frequently (3 to 4 times per week)	Always or Almost Always (5 to 7 times per week)	Not Sure
yybrdif	a.	Breathing difficulty	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	-2 ☐
yychwhe	b.	Chest is wheezy or whistling	☐	☐	☐	☐	☐	☐
yyfrqaw	c.	Frequent awakenings	☐	☐	☐	☐	☐	☐
yyfrtoss	d.	Frequent tossing, turning, or thrashing	☐	☐	☐	☐	☐	☐
yyhrtbn	e.	Heartburn	☐	☐	☐	☐	☐	☐
yylegjk	f.	Legs are jumpy or jerk	☐	☐	☐	☐	☐	☐
yylgcrmp	g.	Leg cramps	☐	☐	☐	☐	☐	☐
yyloudsn	h.	Loud Snoring	☐	☐	☐	☐	☐	☐
yylyaw	i.	Lying awake feeling worried, depressed, or sad	☐	☐	☐	☐	☐	☐
yypain	j.	Pain or physical discomfort	☐	☐	☐	☐	☐	☐
yyrstlss	k.	Restlessness	☐	☐	☐	☐	☐	☐
yysnor	l.	Snore	☐	☐	☐	☐	☐	☐
yysnrt	m.	Snort or gasp	☐	☐	☐	☐	☐	☐
yystpbr	n.	Stop breathing	☐	☐	☐	☐	☐	☐
yystrbr	o.	Struggle for breath	☐	☐	☐	☐	☐	☐
yystuf	p.	Stuffy nose	☐	☐	☐	☐	☐	☐
yytalkslp	q.	Talk in your sleep	☐	☐	☐	☐	☐	☐
yywalkslp	r.	Walk in your sleep	☐	☐	☐	☐	☐	☐

15. Over the **LAST MONTH** how often have you experienced the following?

			Never	Rarely (Less than once a week)	Sometimes (1 to 2 times per week)	Frequently (3 to 4 times per week)	Always or Almost Always (5 to 7 times per week)	Not Sure
ydifal	a.	Difficulty falling asleep	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	-2 ☐
yexsl	b.	Excessive (too much) sleepiness during the day	☐	☐	☐	☐	☐	☐
ypara	c.	Feeling paralyzed or unable to move for short periods on awakening	☐	☐	☐	☐	☐	☐
ytirfa	d.	Feeling tired or fatigued after sleeping	☐	☐	☐	☐	☐	☐
yslpco	e.	Sleepiness that interferes with concentration	☐	☐	☐	☐	☐	☐
ycafdr	f.	Using caffeine drinks to stay awake during normal waking time	☐	☐	☐	☐	☐	☐
ynorst	g.	Waking not feeling rested no matter how much sleep time you had	☐	☐	☐	☐	☐	☐
ybdtm	h.	Your bedtime changed by 2 or more hours	☐	☐	☐	☐	☐	☐
ydaynap	i.	Had to take daytime naps of 5 minutes or longer	☐	☐	☐	☐	☐	☐
yrefnap	j.	Felt refreshed after napping	☐	☐	☐	☐	☐	☐

16. Over the **LAST YEAR** how often on average have you experienced the following?

		Never	Rarely (Less than once a week)	Sometimes (1 to 2 times per week)	Frequently (3 to 4 times per week)	Always or Almost Always (5 to 7 times per week)	Not Sure
yydifal	a. Difficulty falling asleep	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	-2 ☐
yyexsl	b. Excessive (too much) sleepiness during the day	☐	☐	☐	☐	☐	☐
yypara	c. Feeling paralyzed or unable to move for short periods on awakening	☐	☐	☐	☐	☐	☐
yytirfa	d. Feeling tired or fatigued after sleeping	☐	☐	☐	☐	☐	☐
yyslpco	e. Sleepiness that interferes with concentration	☐	☐	☐	☐	☐	☐
yycafdr	f. Using caffeine drinks to stay awake during normal waking time	☐	☐	☐	☐	☐	☐
yynorst	g. Waking not feeling rested no matter how much sleep time you had	☐	☐	☐	☐	☐	☐
yybdtm	h. Your bedtime changed by 2 or more hours	☐	☐	☐	☐	☐	☐
yydaynap	i. Had to take daytime naps of 5 minutes or longer	☐	☐	☐	☐	☐	☐
yyrefnap	j. Felt refreshed after napping	☐	☐	☐	☐	☐	☐

yobsrv 17. Over the last 3 months, has someone been in a position to hear or observe you breathe while asleep?
0 ☐ No 1 ☐ Yes

ymnthsn 18. Have you snored in the **LAST MONTH**?
0 ☐ No 1 ☐ Yes ☐ Not sure -2

If Yes:

a. Has your snoring usually been:
ymnthsb
1 ☐ Only slightly louder than heavy breathing
2 ☐ About as loud as mumbling or talking
3 ☐ Louder than talking
4 ☐ Extremely loud - can be heard through a closed door
☐ Not sure -2

b. Has the snoring sounded:
ymnthss
1 ☐ The same with each breath (snore)
2 ☐ Sometimes loud, sometimes soft
☐ Not sure -2

c. Was your snoring so loud it disturbed others?
ymnthsd
0 ☐ No 1 ☐ Yes ☐ Not sure -2

yevrsn 19. Have you **EVER** snored?
0 ☐ No 1 ☐ Yes ☐ Not sure -2

If Yes:

a. How old were you when you first started snoring? yevrsna _____ years ☐ Not sure -2

b. During the entire time you have snored, has your snoring **usually** been:
yevrsnb
1 ☐ Only slightly louder than heavy breathing
2 ☐ About as loud as mumbling or talking
3 ☐ Louder than talking
4 ☐ Extremely loud - can be heard through a closed door
☐ Not sure -2

c. Has your snoring EVER been so loud it disturbed others?
yevrsnd
0 ☐ No 1 ☐ Yes ☐ Not sure -2

If Yes: Based on what others have told you, how many years do you think your snoring has been that loud? _____ years ☐ Not sure -2
yevrsny

yrestleg 20. When at rest, have you **EVER** had an uncontrollable urge to move your legs in an effort to relieve unpleasant sensations (burning, creeping, tugging, or like insects crawling inside the legs)?

0 ☐ No 1 ☐ Yes -2 ☐ Not sure

If Yes: a. How frequently has this occurred?

yrlfq
1 ☐ Never
2 ☐ Rarely (less than once a week)
3 ☐ Sometimes (1 to 2 times per week)
4 ☐ Frequently (3 to 4 times per week)
5 ☐ Always or Almost Always (5 to 7 times per week)
-2 ☐ Not sure

b. Most of the time were the sensations:

yrlsense
1 ☐ Uncomfortable (least severe)
2 ☐ Irritating (moderately severe)
3 ☐ Painful (very severe)
-2 ☐ Not sure

c. Were the sensations activated when you were lying down and trying to relax?

yrlrelax
0 ☐ No 1 ☐ Yes ☐ Not sure -2

d. Did you have difficulty falling asleep and staying asleep because of the sensations?

yrlsleep
0 ☐ No 1 ☐ Yes ☐ Not sure -2

e. Did you feel fatigued and exhausted the next day because of the sensations?

yrlfatigue
0 ☐ No 1 ☐ Yes ☐ Not sure -2

SECTION 3: SLEEP HABITS

21. During the **PAST MONTH**, at what time, on average have you:

		Weekdays:		Weekends:		
ywdbdhr ywdbdmn ywdbdap	a. Gone to bed? (first closed your eyes in attempt to fall asleep)	____ : ____	☐ am ☐ pm 1 2	____ : ____	☐ am ☐ pm 1 2	ywebdhr ywebdmn ywebdap
ywdwuhr ywdwumn ywdwuap	b. Woken up? (after your sleep period)	____ : ____	☐ am ☐ pm 1 2	____ : ____	☐ am ☐ pm 1 2	ywewuhr ywewumn ywewuap

22. During the **PAST MONTH**, how long has it usually taken you to fall asleep?

yflashr _____ hours yflasmn _____ minutes

23. How much sleep do you usually get per night on:

	Hours	Minutes
a. Work / School Days?	ywdslhr	ywdslmn
b. Days off?	yweslhr	yweslmn

24. During the **PAST MONTH**, how long have you napped during the day on:

	Hours	Minutes
a. Work / School Days?	ywdnphr	ywdnpmn
b. Days off?	ywenphr	ywenpmn

yslposn 25. In what position do you usually sleep? (select one)

1 ☐ My back 2 ☐ My side 3 ☐ My stomach
4 ☐ Sitting up 5 ☐ My back and side 6 ☐ My stomach and side
☐ All positions 7 ☐ Not sure -2

ynitwu 26. During the **PAST MONTH**, how many times on average **per night** did you wake up?

1 ☐ Never
2 ☐ 1-2 times per night
3 ☐ 3-5 times per night
4 ☐ More than 5 times per night

Reason for awakenings: ynitwur varchar 100

ygetgo 27. During the **PAST MONTH**, how long did it usually take you to "get going" (become fully alert and functional) after your usual sleep time?

1 ☐ Less than 5 minutes
2 ☐ 5-15 minutes
3 ☐ 16-30 minutes
4 ☐ More than 30 minutes
☐ Not sure -2

yfctnbe 28. At what time of day do you function **best**? (select one)

1 ☐ Morning 2 ☐ Afternoon 3 ☐ Evening 4 ☐ No best time

yfctnwo 29. At what time of day do you function **worst**? (select one)

1 ☐ Morning 2 ☐ Afternoon 3 ☐ Evening 4 ☐ No worst time

SECTION 4: SLEEPINESS

30. Please check the column that most closely describes your situation:

		Never	Seldom	Sometimes	Frequently	Always
ydrclass	a. How often do you fall asleep or get drowsy during class periods?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
ydrhw	b. How often do you get sleepy or drowsy while doing your homework?	☐	☐	☐	☐	☐
yalert	c. How often are you alert most of the day?	☐	☐	☐	☐	☐
ytired	d. How often are you tired and grumpy during the day?	☐	☐	☐	☐	☐
ytrgetup	e. How often do you have trouble getting out of bed in the morning?	☐	☐	☐	☐	☐
yfallback	f. How often do you fall back asleep after being awakened in the morning?	☐	☐	☐	☐	☐
yhelpgetup	g. How often do you need someone to awaken you in the morning?	☐	☐	☐	☐	☐
ymoreslp	h. How often do you think that you need more sleep?	☐	☐	☐	☐	☐

31. During the **PAST MONTH**, how often have you fallen asleep:

		Never	Rarely (Less than once a week)	Sometimes (1 to 2 times per week)	Frequently (3 to 4 times per week)	Always or Almost Always (5 to 7 times per week)	Not Sure
ytv	a. While watching television?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	-2 ☐
yread	b. While reading or studying?	☐	☐	☐	☐	☐	☐
yeat	c. While eating?	☐	☐	☐	☐	☐	☐
ywork	d. While at work or school?	☐	☐	☐	☐	☐	☐
ytalkface	e. While talking face to face?	☐	☐	☐	☐	☐	☐
ytalkphon	f. While talking on the telephone?	☐	☐	☐	☐	☐	☐
yfrnd	g. While interacting or doing activities with friends?	☐	☐	☐	☐	☐	☐

yevrdr 32. Have you **EVER** driven a motor vehicle (car, truck, motorcycle, etc.)?

0 ☐ No 1 ☐ Yes

If Yes: a. How many years have you been driving? yevrdry years

b. About how many miles per year do you drive? yevrdrm miles/year

c. Have you ever fallen asleep while you were behind the wheel?

yervdrs 0 ☐ No 1 ☐ Yes ☐ Not sure -2

d. How many "near miss" accidents have you had **due to sleepiness**? yevrdra

e. How many motor vehicle accidents have you **ever** been involved in while you were driving? yevrdrw

f. How many of these accidents were **due to sleepiness** or having fallen asleep? yevrdrf

SECTION 5: MEDICAL HISTORY

33. Have you ever had the following medical conditions?

			0 No	1 Yes	-2 Not Sure
yanx	a. **Anxiety Disorder (Generalized Anxiety, Obsessive-Compulsive, Panic Attacks)**		☐	☐	☐
	yanxdx	**If Yes:** 1) Was this diagnosed or treated by a physician?	☐	☐	☐
	yanxmed	2) Did this require treatment with medications?	☐	☐	☐
	yanxpres	3) Is the condition still present?	☐	☐	☐
	yanxage	4) How old were you when the condition was first noted?		_____ years	☐
yasth	b. **Asthma**		☐	☐	☐
	yasthdx	**If Yes:** 1) Was this diagnosed or treated by a physician?	☐	☐	☐
	yasthmed	2) Did this require treatment with medications?	☐	☐	☐
	yasthpres	3) Is the condition still present?	☐	☐	☐
	yasthage	4) How old were you when the condition was first noted?		_____ years	☐
yadhd	c. **Attention Deficit Hyperactivity Disorder (ADD / ADHD)**		☐	☐	☐
	yadhddx	**If Yes:** 1) Was this diagnosed or treated by a physician?	☐	☐	☐
	yadhdmed	2) Did this require treatment with medications?	☐	☐	☐
	yadhdpres	3) Is the condition still present?	☐	☐	☐
	yadhdage	4) How old were you when the condition was first noted?		_____ years	☐
ycanc	d. **Cancer**		☐	☐	☐
		If Yes: 1) What type? ycancs varchar 100			
	ycancdx	2) Was this diagnosed or treated by a physician?	☐	☐	☐
	ycancpres	3) Is the condition still present?	☐	☐	☐
	ycancage	4) How old were you when the condition was first noted?		_____ years	☐
ybron	e. **Chronic Bronchitis**		☐	☐	☐
	ybrondx	**If Yes:** 1) Was this diagnosed or treated by a physician?	☐	☐	☐
	ybronpres	2) Is the condition still present?	☐	☐	☐
	ybronage	3) How old were you when the condition was first noted?		_____ years	☐

33. Have you ever had the following medical conditions?

				No	Yes	Not Sure
ydep	f. **Depression**			☐	☐	☐
	ydepdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
	ydepmed		2) Did this require treatment with medications?	☐	☐	☐
	ydeppres		3) Is the condition still present?	☐	☐	☐
	ydepage		4) How old were you when the condition was first noted?	_____ years		☐
ydiab	g. **Diabetes**			☐	☐	☐
	ydiabdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
	ydiabins		2) Did this require treatment with insulin?	☐	☐	☐
	ydiabmed		3) Did this require treatment with other medication?	☐	☐	☐
	ydiabpres		4) Is the condition still present?	☐	☐	☐
	ydiabage		5) How old were you when the condition was first noted?	_____ years		☐
yeatdo	h. **Eating Disorder (Anorexia, Bulimia)**			☐	☐	☐
	yeatdodx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
	yeatdopres		2) Is the condition still present?	☐	☐	☐
	yeatdoage		3) How old were you when the condition was first noted?	_____ years		☐
yecz	i. **Eczema (Atopic Dermatitis)**			☐	☐	☐
	yeczdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
	yeczpres		2) Is the condition still present?	☐	☐	☐
	yeczage		3) How old were you when the condition was first noted?	_____ years		☐
ytons	j. **Enlarged Tonsils or Adenoids**			☐	☐	☐
	ytonsdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
	ytonspres		2) Is the condition still present?	☐	☐	☐
	ytonsage		3) How old were you when the condition was first noted?	_____ years		☐
yhay	k. **Hay Fever**			☐	☐	☐
	yhaydx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
	yhaypres		2) Is the condition still present?	☐	☐	☐
	yhayage		3) How old were you when the condition was first noted?	_____ years		☐
yhtn	l. **High Blood Pressure (Hypertension)**			☐	☐	☐
	yhtndx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
	yhtnmed		2) Did this require treatment with medications?	☐	☐	☐
	yhtnpres		3) Is the condition still present?	☐	☐	☐
	yhtnage		4) How old were you when the condition was first noted?	_____ years		☐
ychol	m. **High Cholesterol**			☐	☐	☐
	ycholdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
	ycholpres		2) Is the condition still present?	☐	☐	☐
	ycholage		3) How old were you when the condition was first noted?	_____ years		☐

33. Have you ever had the following medical conditions?

			No (0)	Yes (1)	Not Sure (-2)
yins	n. **Insomnia**		☐	☐	☐
yinsdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
yinspres		2) Is the condition still present?	☐	☐	☐
yinsage		3) How old were you when the condition was first noted?		_____ years	☐
yld	o. **Learning Disabilities**		☐	☐	☐
ylddx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
yldpres		2) Is the condition still present?	☐	☐	☐
yldage		3) How old were you when the condition was first noted?		_____ years	☐
ymigr	p. **Migraine Headache or Chronic Severe Headache**		☐	☐	☐
ymigrdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
ymigrmed		2) Did this require treatment with medications?	☐	☐	☐
ymigrpres		3) Is the condition still present?	☐	☐	☐
ymigrage		4) How old were you when the condition was first noted?		_____ years	☐
ynarc	q. **Narcolepsy**		☐	☐	☐
ynarcdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
ynarcmed		2) Did this require treatment with medications?	☐	☐	☐
ynarcpres		3) Is the condition still present?	☐	☐	☐
ynarcage		4) How old were you when the condition was first noted?		_____ years	☐
ydevs	r. **Nose with Deviated Septum**		☐	☐	☐
ydevsdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
ydevspres		2) Is the condition still present?	☐	☐	☐
ydevsage		3) How old were you when the condition was first noted?		_____ years	☐
ypneu	s. **Pneumonia**		☐	☐	☐
ypneudx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
ypneuage		2) How old were you when the condition was first noted?		_____ years	☐
yplms	t. **Restless Legs or Periodic Limb Movements in Sleep (PLMS)**		☐	☐	☐
yplmsdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
yplmsmed		2) Did this require treatment with medications?	☐	☐	☐
yplmspres		3) Is the condition still present?	☐	☐	☐
yplmsage		4) How old were you when the condition was first noted?		_____ years	☐
ysinus	u. **Sinus Problems**		☐	☐	☐
ysinusdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
ysinuspres		2) Is the condition still present?	☐	☐	☐
ysinusage		3) How old were you when the condition was first noted?		_____ years	☐

33. Have you ever had the following medical conditions?

			No	Yes	Not Sure
ythy	v. **Thyroid Disease**		☐	☐	☐
ythydx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
ythyunder		2) Was this condition an underactive thyroid?	☐	☐	☐
ythyover		3) Was this condition an overactive thyroid?	☐	☐	☐
ythymed		4) Did this require treatment with medications?	☐	☐	☐
ythypres		5) Is the condition still present?	☐	☐	☐
ythyage		6) How old were you when the condition was first noted?	_____ years		☐
yulcer	w. **Ulcer (Stomach)**		☐	☐	☐
yulcerdx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
yulcerpres		2) Is the condition still present?	☐	☐	☐
yulcerage		3) How old were you when the condition was first noted?	_____ years		☐
ycrohn	x. **Ulcerative Colitis or Crohn's Disease**		☐	☐	☐
ycrohndx	**If Yes:**	1) Was this diagnosed or treated by a physician?	☐	☐	☐
ycrohnpres		2) Is the condition still present?	☐	☐	☐
ycrohnage		3) How old were you when the condition was first noted?	_____ years		☐
ypsy	y. **Other Psychological Problems or Behavioral Disorders**		☐	☐	☐
	If Yes:	1a) Condition: ypsy1s varchar 100			
ypsy1dx		1b) Was this diagnosed or treated by a physician?	☐	☐	☐
ypsy1pres		1c) Is the condition still present?	☐	☐	☐
ypsy1age		1d) How old were you when the condition was first noted?	_____ years		☐
		2a) Condition: ypsy2s varchar 100			
ypsy2dx		2b) Was this diagnosed or treated by a physician?	☐	☐	☐
ypsy2pres		2c) Is the condition still present?	☐	☐	☐
ypsy2age		2d) How old were you when the condition was first noted?	_____ years		☐
ysurg	z. **Major Surgery**		☐	☐	☐
	If Yes:	1a) Type of Surgery: ysurg1s varchar 100			
		1b) Date of surgery: ysurg1dt varchar 100			
		2a) Type of Surgery: ysurg2s varchar 100			
		2b) Date of surgery: ysurg2dt varchar 100			
		3a) Type of Surgery: ysurg3s varchar 100			
		3b) Date of surgery: ysurg3dt varchar 100			
yoth	aa. **Other Significant Medical Conditions (e.g. Heart Disease, Kidney Disease)**		☐	☐	☐
	If Yes:	1a) Condition: yoth1s varchar 100			
yoth1dx		1b) Was this diagnosed or treated by a physician?	☐	☐	☐
yoth1pres		1c) Is the condition still present?	☐	☐	☐
yoth1age		1d) How old were you when condition was first noted?	_____ years		☐

33. Have you ever had the following medical conditions?

		No	Yes	Not Sure
	2a) Condition: yoth2s varchar 100			
yoth2dx	2b) Was this diagnosed or treated by a physician?	☐	☐	☐
yoth2pres	2c) Is the condition still present?	☐	☐	☐
yoth2age	2d) How old were you when condition was first noted?	_____ years		☐
	3a) Condition: yoth3s varchar 100			
yoth3dx	3b) Was this diagnosed or treated by a physician?	☐	☐	☐
yoth3pres	3c) Is the condition still present?	☐	☐	☐
yoth3age	3d) How old were you when condition was first noted?	_____ years		☐

ydxsa 34. Have you ever been diagnosed as having Sleep Apnea?

0 ☐ No 1 ☐ Yes -2 ☐ Not sure

If Yes: a. In what year was this diagnosed? ydxsay

ydxsacp
ydxsaup
ydxsato
ydxsans
ydxsand
ydxsadd
ydxsalt
ydxsaso

b. Were any of the following treatments recommended or prescribed?

	0	1
CPAP (Continuous Positive Airway Pressure)	☐ No	☐ Yes
UPPP (UvuloPalatoPharyngoPlasty)	☐ No	☐ Yes
Tonsillectomy	☐ No	☐ Yes
Nose Surgery	☐ No	☐ Yes
Nasal Dilators	☐ No	☐ Yes
Dental Device	☐ No	☐ Yes
Laser Treatment	☐ No	☐ Yes
Somnoplasty (radio frequency)	☐ No	☐ Yes

c. If you were prescribed CPAP, how would you describe your current use of CPAP?

ydxsacpuse

1 ☐ Use Regularly (More than 5 nights per week)
2 ☐ Use Often (3-5 nights per week)
3 ☐ Use Sometimes (1-2 nights per week)
4 ☐ Use Rarely (Less than 1 night per week)
5 ☐ Don't use at all
6 ☐ Prescribed but not yet received
☐ CPAP not prescribed -8

ytonrem 35. Have your tonsils been removed?

0 ☐ No 1 ☐ Yes -2 ☐ Not sure

If Yes: a. How old were you when they were removed? ytonage _____ years ☐ Not sure -2

ytonall
ytonft
ytoninf
ytonosa
ytonsnr
ytonoth

b. Why were they removed? (check all that apply) or: ☐ Not sure ytonns

☐ Allergies
☐ Failure to thrive
☐ Infection
☐ Sleep Apnea
☐ Snoring
☐ Other (specify): ytonoths varchar 100

yadrem 36. Have your adenoids been removed?

0 ☐ No 1 ☐ Yes ☐ Not Sure -2

If Yes: a. How old were you when they were removed? yadnage _____ years ☐ Not sure -2

yadall
yadft
yadinf
yadosa
yadsnr
yadoth

b. Why were they removed? (check all that apply) or: ☐ Not sure yadns

☐ Allergies
☐ Failure to thrive
☐ Infection
☐ Sleep Apnea
☐ Snoring
☐ Other (specify): yadoths varchar 100

yallergy 37. Do you have allergies?

0 ☐ No 1 ☐ Yes ☐ Not sure -2

If Yes: a. Have you ever been skin tested or blood tested for allergies?

yskintest

0 ☐ No
1 ☐ Not Sure
2 ☐ Yes, don't know results of tests
3 ☐ Yes, all tests were negative
4 ☐ Yes, at lease one test was positive (check all that apply):

yalmold ☐ Molds
yaldust ☐ Dust
yaltree ☐ Trees
yalpolln ☐ Grass or Pollen
yalcat ☐ Cats
yaldog ☐ Dogs
yalinsct ☐ Insects
yaloth ☐ Other (specify): yaloths varchar 100

38. Over the **PAST YEAR** have you taken the following medications? 2 3 -2

		0 No / 1 Yes	If Yes ⇨	(1) When you take (took) this medication, how frequently do (did) you take it? 1 Occasionally	Most Days	All Days	Not Sure	(2) Have you taken it in the past 3 days? 0 No / 1 Yes
a.	**Antibiotics** (Amoxicillin, Augmentin, Bactrim, Biaxin, Keflex, Zithromax)	yantibio ☐		yantibiofq ☐	☐	☐	☐	☐ ☐ yantibio3d
b.	**Antihistamines** (Zyrtec, Claritin, Dimetapp, Rondec, Rynatan)	yaspill ☐		yaspillfq ☐	☐	☐	☐	☐ ☐ yaspill3d
c.	**Anxiety or Depression medications** (BuSpar, Celexa, Paxil, Prozac, Zoloft)	ymedanx ☐		ymedanxfq ☐	☐	☐	☐	☐ ☐ ymedanx3d
d.	**Herbal medications for stress or worry** (Valerian, St. John's Wort, Kava)	ymedherb ☐		ymedherbfq ☐	☐	☐	☐	☐ ☐ ymedherb3d
e.	**Asthma pills or syrups that are bronchodilators** (Theophylline, Theodur, Proventil repetabs)	ymedbrp ☐		ymedbrpfq ☐	☐	☐	☐	☐ ☐ ymedbrp3d
f.	**Asthma pills or syrups that are anti-inflammatory (not steroids)** (Singulair, Accolade)	ymedinfp ☐		ymedinfpfq ☐	☐	☐	☐	☐ ☐ ymedinfp3d
g.	**Asthma sprays or inhaled bronchodilators** (Ventolin, Proventil, Albuterol, Maxair)	ymedbrs ☐		ymedbrsfq ☐	☐	☐	☐	☐ ☐ ymedbrs3d
h.	**Asthma sprays containing steroids** (Vanceril, Pulmicort, Flovent, Azmacort, AeroBID)	ymedsts ☐		ymedstsfq ☐	☐	☐	☐	☐ ☐ ymedsts3d
i.	**Other asthma medicine** (Cromolyn, Intal, Tilade)	ymedasoth ☐		ymedasothfq ☐	☐	☐	☐	☐ ymedasoth3d
j.	**Fever/pain medicine** (Tylenol, Advil, Motrin, Ibuprofen)	ymedpain ☐		ymedpainfq ☐	☐	☐	☐	☐ ☐ ymedpain3d
k.	**Hormone or birth control pills, patches or injections**	ymedpr ☐		ymedprfq ☐	☐	☐	☐	☐ ☐ ymedpr3d
l.	**Over the counter nasal decongestants (sprays, liquid or tablets)** (Afrin, Neosynephrine, Sudafed, etc.)	ymeddec ☐		ymeddecfq ☐	☐	☐	☐	☐ ☐ ymeddec3d
m.	**Non-prescription sleeping medicines** (Benadryl, Melatonin)	ymedotcsl ☐		ymedotcslfq ☐	☐	☐	☐	☐ ☐ ymedotcsl3d
n.	**Prescription sleeping medicines** (Clonidine, Trazodone, Ambien, Sonata, Lunesta, Halcion)	ymedrxsl ☐		ymedrxslfq ☐	☐	☐	☐	☐ ☐ ymedrxsl3d
o.	**Seizure medications**	ymedsz ☐		ymedszfq ☐	☐	☐	☐	☐ ☐ ymedsz3d
p.	**Steroid nasal sprays** (Vancenase, Rhinocort, Nasonex, Beconase)	ymedsters ☐		ymedstersfq ☐	☐	☐	☐	☐ ☐ ymedsters3d
q.	**Steroid pills or liquid** (Prednisone, Prelone, Pediapred)	ymedsterp ☐		ymedsterpfq ☐	☐	☐	☐	☐ ☐ ymedsterp3d
r.	**Stimulants or medicines for ADHD** (Adderall, Concerta, Cylert, Methylphenidate, Ritalin)	ymedst ☐		ymedstfq ☐	☐	☐	☐	☐ ☐ ymedst3d
s.	**Stomach or Acid Reflux Medicines** (Maalox, Mylanta, Pepcid, Pepto-Bismol, Prilosec, Tums, Zantac)	ymedref ☐		ymedreffq ☐	☐	☐	☐	☐ ☐ ymedref3d
t.	**Thyroid medication** (Levothroid, Synthroid, Thyrogen)	ymedtm ☐		ymedtmfq ☐	☐	☐	☐	☐ ☐ ymedtm3d

38. Over the **PAST YEAR** have you taken the following medications?

u. Please list the names of the medicines you are currently taking:
ymeds varchar 500

SECTION 6: BREATHING AND ACTIVITY

39. In the **PAST YEAR**, did you experience the following:

		0 No	1 Yes	-2 Not Sure	
a.	Usually have a cough?	☐	☐	☐	ycough
b.	Usually cough on most days for three (3) consecutive months or more?	☐	☐	☐	ychrcou
c.	Usually bring up phlegm from your chest?	☐	☐	☐	yphlm
d.	Bring up phlegm as much as twice a day, four or more times a week, for three (3) consecutive months or more?	☐	☐	☐	ychrphl3mo
e.	Usually bring up phlegm at all on getting up or first thing in the morning?	☐	☐	☐	yphlmam
f.	Have periods or episodes of increased cough and phlegm lasting three (3) weeks or more?	☐	☐	☐	ycouphl
g.	Have an attack of wheezing that made you feel short of breath?	☐	☐	☐	ywhebre
h.	Been troubled by shortness of breath when hurrying on level ground or walking up a slight hill? If Yes, how often did this occur? ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost Daily yshrtbf	☐	☐	☐	yshrtbr
i.	Been troubled by chest tightness? If Yes, how often did this occur? ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost Daily ychetgf	☐	☐	☐	ychetgt
j.	If you had any colds, did they go to your chest?	☐	☐	☐	ycldche

ycheswe 40. In the **PAST YEAR**, has your chest sounded wheezy or whistling?

0 ☐ No 1 ☐ Yes ☐ Not sure -2

If Yes: Has this occurred …

ywhecol yapacol ydaynit ywiexer yonlynite ydustfu ypollens

		0	1	-2
a.	When you had a cold?	☐ No	☐ Yes	☐ Not sure
b.	Occasionally apart from colds?	☐ No	☐ Yes	☐ Not sure
c.	Most days or nights?	☐ No	☐ Yes	☐ Not sure
d.	With exercise?	☐ No	☐ Yes	☐ Not sure
e.	Only during the night?	☐ No	☐ Yes	☐ Not sure
f.	With exposure to dust or fumes?	☐ No	☐ Yes	☐ Not sure
g.	When exposed to pollen?	☐ No	☐ Yes	☐ Not sure

41. In the **PAST YEAR**, did any of the following situations cause you to have a stuffy or runny nose?

ysmkrm ydstrm ycldwea yexerci

		0	1	-2
a.	A Smoky Room	☐ No	☐ Yes	☐ Not Sure
b.	A Dusty Room	☐ No	☐ Yes	☐ Not Sure
c.	Cold Weather	☐ No	☐ Yes	☐ Not Sure
d.	Exercise	☐ No	☐ Yes	☐ Not Sure

ypace 42. What is your normal walking pace outdoors?

1 ☐ Slow (less than 2 mph)
2 ☐ Normal, average (2 to 2.9 mph)
3 ☐ Brisk (3 to 3.9 mph)
4 ☐ Very brisk, striding (4 mph or faster)
5 ☐ Unable to walk

ystair 43. How many **flights** of stairs (not steps) do you climb daily?

0 ☐ None
1 ☐ 1-2 flights
2 ☐ 3-4 flights
3 ☐ 5-9 flights
4 ☐ 10-14 flights
5 ☐ 15 flights or more

44. In the **PAST YEAR**, on average, how much time did you spend doing the following activities?

(Enter 0 if you did not do an activity at all)		Amount of Time per Day (hours)	(minutes)	Number of Days per Week
a.	Walking for exercise or to school or work	yacwlkhr	yacwlkmn	yacwlkdy
b.	Jogging (slower than 10 minutes/mile)	yacjoghr	yacjogmn	yacjogdy
c.	Running (10 minutes/mile or faster)	yacrunhr	yacrunmn	yacrundy
d.	Bicycling (include stationary machine)	yacbikehr	yacbikemn	yacbikedy
e.	Tennis, squash, racquetball	yactenhr	yactenmn	yactendy
f.	Swimming	yacswimhr	yacswimmn	yacswimdy
g.	Other aerobic exercise (aerobic dance, ski or stair machine, etc.)	yacaerhr	yacaermn	yacaerdy
h.	Lower intensity exercise (yoga, stretching, toning)	yacloinhr	yacloinmn	yacloindy
i.	Other vigorous activities (e.g., lawn mowing)	yacvighr	yacvigmn	yacvigdy
j.	Weight training or resistance exercises (Include free weights or machines such as Nautilus) — Arm weights:	yacarmhr	yacarmmn	yacarmdy
	Leg weights:	yacleghr	yaclegmn	yaclegdy
k.	Other (specify): yacothers varchar 100	yacotherhr	yacothermn	yacotherdy

yevrsmk 45. Have you **ever** smoked cigarettes, cigars or a pipe?
('No' means less than 20 packs in a lifetime or less than 1 cigarette for 1 year)

0 ☐ No
1 ☐ Yes

If Yes:

a. How old were you when you started smoking regularly? _____ years yevrsmkstaa

b. How old were you when you stopped smoking regularly? _____ years yevrsmkstpa

ycursmk ☐ Currently Smoke Regularly

c. On average, over the entire time you smoked, how many cigarettes / cigars / bowls did you smoke each day? _____ yevrsmkno

d. Over the last month, have you smoked at least 1 cigarette/cigar/pipe bowl per day?

ycursmkmo
0 ☐ No
1 ☐ Yes

If Yes: How many cigarettes/cigars/pipe bowls do you now smoke each day? _____ ycursmkmono

46. How many smokers live in your household? (include yourself if you smoke) ynosmkrs

yalcody 47. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

0 ☐ 0 days
1 ☐ 1 day
2 ☐ 2 days
3 ☐ 3 days
4 ☐ 4 days
5 ☐ 5 days
6 ☐ 6 days
7 ☐ 7 days

ydrkcaf 48. On average, how many beverages containing caffeine (cola, coffee, tea, etc.) do you drink per day? (one can of pop = 1.5 cups; 1 bottle of pop (20 oz.) = 2.5 cups)

0 ☐ None
1 ☐ Less than one cup per day
2 ☐ Approximately one cup (8 oz.) per day
3 ☐ More than one cup, but not more than three cups per day
4 ☐ More than three cups per day

SECTION 7: HOUSEHOLD INFORMATION

ylivingsit 49. Which best describes your current living situation?

1 ☐ Living with parent or guardian
2 ☐ Living apart from parent/guardian but with roommate(s)
3 ☐ Living alone
4 ☐ Other (describe): ylivingsits varchar 100

ysharroom 50. Do you share a bedroom?

0 ☐ No 1 ☐ Yes

yadultno 51. How many adults (age 18 or over) live in your household? _____

ychildno 52. How many children (under age 18) live in your household? _____

ycurrschl 53. Do you currently go to school?

0 ☐ No
1 ☐ Yes, part time
2 ☐ Yes, full time

If Yes: a. What type of school? ytypeschl 1 ☐ High School 2 ☐ 2- or 4-year college 3 ☐ Vocational or trade school

b. Current grade or year: ycurrgrade varchar 30

54. What is the highest grade of school you have completed?

yhighgrade
1 ☐ 8th grade or less than 8th grade
2 ☐ 9th -11th grade
3 ☐ High school diploma or GED
4 ☐ Vocational, trade school, or Associate's courses after high school
5 ☐ Vocational, trade school, or Associate's degree
6 ☐ Courses toward college degree

yempst 55. Do you currently work?

0 ☐ No
1 ☐ Yes, part time
2 ☐ Yes, full time

If Yes: a. How many hours per week? yemphrswk

b. Current job: yocc varchar 100

yshftro c. Do you work rotating night shifts? 0 ☐ No 1 ☐ Yes

yshftst d. Do you work steady night shifts? 0 ☐ No 1 ☐ Yes

e. Annual pre-tax Income: $ ypersinc

ystatus 56. Think of this ladder as representing where people stand in the United States.

At the top of the ladder are the people who are the best off – those who have the most money, the most education, and the most respectable jobs. The bottom are the people who are the worst off – those who have the least money, least education, and the least respected jobs or no job.

Where would you place yourself on this ladder? *One would be at the bottom of the ladder, 10 would be the top of the ladder.* **Fill the circle that best represents where you think you stand, relative to other people in the United States.**

(10) O…(Best Off) ……
O……
O……
O……
O……
O……
O……
O……
O……
(1) O…(Worst Off)……

yhelp 57. Did you have help completing this questionnaire?

0 ☐ No 1 ☐ Yes

If Yes: Is the person who helped you someone who: (check all that apply)

yhelpsh ☐ Shares a bedroom with you?
yhelpsa ☐ Lives in the same house, but not in the same bedroom?
yhelpdi ☐ Lives in a different house, but has observed you sleep?
yhelpel ☐ Lives elsewhere, and has not observed you sleep?

ydoze 58. Did you doze off while completing this questionnaire?

0 ☐ No 1 ☐ Yes

YOU JUST COMPLETED THIS QUESTIONNAIRE. THANK YOU FOR YOUR PARTICIPATION!

YSHQ_ENTRYRA: Login of Person Doing Data Entry
YSHQ_ENTRYDT: Date and Time of Data Entry
YSHQ_EDITRA: Login of Person who Last Edited Data
YSHQ_EDITDT: Date and Time Data was Last Edited
YSHQ_ENTRYNOTES: Data Entry Notes