Youth Sleep and Health Questionnaire: Youth Self-Report

PERSONID

Person ID | | | | | . 0 0

YSHQ_DATE

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

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

1. Name ____________________________
   First Middle Last

2. Address ____________________________
   ____
   City State Zip

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

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NAMECODE Name Code ☐☐☐☐

SECTION 2: SLEEP AND HEALTH

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

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ 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	☐	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐	☐
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?
☐ No ☐ Yes

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

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

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

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

yevrsn 19. Have you **EVER** snored?
☐ No ☐ Yes ☐ Not sure

If Yes: a. How old were you when you first started snoring? yevrsna ________ years ☐ Not sure

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

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

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

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)?

☐ No ☐ Yes ☐ Not sure

If Yes: a. How frequently has this occurred?

yrlfq
- ☐ 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

b. Most of the time were the sensations:

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

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

yrlrelax ☐ No ☐ Yes ☐ Not sure

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

yrlsleep ☐ No ☐ Yes ☐ Not sure

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

yrlfatigue ☐ No ☐ Yes ☐ Not sure

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	____ : ____	☐ am ☐ pm	ywebdhr ywebdmn ywebdap
ywdwuhr ywdwumn ywdwuap	b. Woken up? (after your sleep period)	____ : ____	☐ am ☐ pm	____ : ____	☐ am ☐ pm	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)

☐ My back ☐ My side ☐ My stomach
☐ Sitting up ☐ My back and side ☐ My stomach and side
☐ All positions ☐ Not sure

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

- ☐ Never
- ☐ 1-2 times per night
- ☐ 3-5 times per night
- ☐ 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?

- ☐ Less than 5 minutes
- ☐ 5-15 minutes
- ☐ 16-30 minutes
- ☐ More than 30 minutes
- ☐ Not sure

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

☐ Morning ☐ Afternoon ☐ Evening ☐ No best time

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

☐ Morning ☐ Afternoon ☐ Evening ☐ 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?	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐	☐
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.)?

☐ No ☐ 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 ☐ No ☐ Yes ☐ Not sure

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?

Variable	Condition / Question	No	Yes	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**	☐	☐	☐
ycancs	**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?

Variable		Condition / Question	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?

Variable	Item			No	Yes	Not Sure
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?

Variable		Question	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		☐
	z. **Major Surgery**		☐	☐	☐
	If Yes:	1a) Type of Surgery: ____________			
		1b) Date of surgery: ____________			
		2a) Type of Surgery: ____________			
		2b) Date of surgery: ____________			
		3a) Type of Surgery: ____________			
		3b) Date of surgery: ____________ 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?

☐ No ☐ Yes ☐ Not sure

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

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

ydxsacp	CPAP (Continuous Positive Airway Pressure)	☐ No	☐ Yes
ydxsaup	UPPP (UvuloPalatoPharyngoPlasty)	☐ No	☐ Yes
ydxsato	Tonsillectomy	☐ No	☐ Yes
ydxsans	Nose Surgery	☐ No	☐ Yes
ydxsand	Nasal Dilators	☐ No	☐ Yes
ydxsadd	Dental Device	☐ No	☐ Yes
ydxsalt	Laser Treatment	☐ No	☐ Yes
ydxsaso	Somnoplasty (radio frequency)	☐ No	☐ Yes

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

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

ytonrem 35. Have your tonsils been removed?

☐ No ☐ Yes ☐ Not sure

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

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

☐ Allergies (ytonall)
☐ Failure to thrive (ytonft)
☐ Infection (ytoninf)
☐ Sleep Apnea (ytonosa)
☐ Snoring (ytonsnr)
☐ Other (specify): (ytonoth) ytonoths ________ varchar 100

yadrem 36. Have your adenoids been removed?

☐ No ☐ Yes ☐ Not Sure

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

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

☐ Allergies (yadall)
☐ Failure to thrive (yadft)
☐ Infection (yadinf)
☐ Sleep Apnea (yadosa)
☐ Snoring (yadsnr)
☐ Other (specify): (yadoth) yadoths ________ varchar 100

yallergy 37. Do you have allergies?

☐ No ☐ Yes ☐ Not sure

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

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

yalmold yaldust yaltree yalpolln yalcat yaldog yalinsct yaloth

☐ Molds	☐ Dust
☐ Trees	☐ Grass or Pollen
☐ Cats	☐ Dogs
☐ Insects	☐ Other (specify): yaloths varchar 100 ________

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

	0 No	1 Yes	If Yes ⇨	(1) When you take (took) this medication, how frequently do (did) you take it? 1 Occasionally	2 Most Days	3 All Days	-2 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:

		No	Yes	Not Sure
a.	Usually have a cough?	☐	☐	☐
b.	Usually cough on most days for three (3) consecutive months or more?	☐	☐	☐
c.	Usually bring up phlegm from your chest?	☐	☐	☐
d.	Bring up phlegm as much as twice a day, four or more times a week, for three (3) consecutive months or more?	☐	☐	☐
e.	Usually bring up phlegm at all on getting up or first thing in the morning?	☐	☐	☐
f.	Have periods or episodes of increased cough and phlegm lasting three (3) weeks or more?	☐	☐	☐
g.	Have an attack of wheezing that made you feel short of breath?	☐	☐	☐
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	☐	☐	☐
i.	Been troubled by chest tightness? If Yes, how often did this occur? ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost Daily	☐	☐	☐
j.	If you had any colds, did they go to your chest?	☐	☐	☐

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

☐ No ☐ Yes ☐ Not sure

If Yes: Has this occurred …

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?

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

42. What is your normal walking pace outdoors?
- ☐ Slow (less than 2 mph)
- ☐ Normal, average (2 to 2.9 mph)
- ☐ Brisk (3 to 3.9 mph)
- ☐ Very brisk, striding (4 mph or faster)
- ☐ Unable to walk

43. How many **flights** of stairs (not steps) do you climb daily?
- ☐ None ☐ 1-2 flights ☐ 3-4 flights
- ☐ 5-9 flights ☐ 10-14 flights ☐ 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	______ ______	_______
b.	Jogging (slower than 10 minutes/mile)	______ ______	_______
c.	Running (10 minutes/mile or faster)	______ ______	_______
d.	Bicycling (include stationary machine)	______ ______	_______
e.	Tennis, squash, racquetball	______ ______	_______
f.	Swimming	______ ______	_______
g.	Other aerobic exercise (aerobic dance, ski or stair machine, etc.)	______ ______	_______
h.	Lower intensity exercise (yoga, stretching, toning)	______ ______	_______
i.	Other vigorous activities (e.g., lawn mowing)	______ ______	_______
j.	Weight training or resistance exercises (Include free weights or machines such as Nautilus) Arm weights:	______ ______	_______
	Leg weights:	______ ______	_______
k.	Other (specify): ______________________________________	______ ______	_______

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)
- ☐ No ☐ Yes

If Yes:
a. How old were you when you started smoking regularly? __________ years

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

☐ Currently Smoke Regularly

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

d. Over the last month, have you smoked at least 1 cigarette/cigar/pipe bowl per day?
☐ No ☐ Yes
If Yes: How many cigarettes/cigars/pipe bowls do you now smoke each day? __________

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

47. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?
- ☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days
- ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

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)
- ☐ None
- ☐ Less than one cup per day
- ☐ Approximately one cup (8 oz.) per day
- ☐ More than one cup, but not more than three cups per day
- ☐ More than three cups per day

SECTION 7: HOUSEHOLD INFORMATION

49. Which best describes your current living situation?
- ☐ Living with parent or guardian
- ☐ Living apart from parent/guardian but with roommate(s)
- ☐ Living alone
- ☐ Other (describe): ____________________ varchar 100

50. Do you share a bedroom?
☐ No ☐ Yes

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

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

53. Do you currently go to school?
☐ No ☐ Yes, part time
☐ Yes, full time

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

b. Current grade or year: ______________

54. What is the highest grade of school you have completed?
- ☐ 8th grade or less than 8th grade
- ☐ 9th -11th grade
- ☐ High school diploma or GED
- ☐ Vocational, trade school, or Associate's courses after high school
- ☐ Vocational, trade school, or Associate's degree
- ☐ Courses toward college degree

55. Do you currently work?
☐ No ☐ Yes, part time
☐ Yes, full time

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

b. Current job: ______________________________

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

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

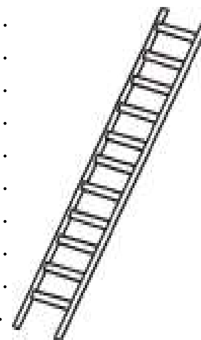
e. Annual pre-tax Income: $ ____________

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)……………



57. Did you have help completing this questionnaire?
☐ No ☐ Yes
If Yes: Is the person who helped you someone who: (check all that apply)
☐ Shares a bedroom with you?
☐ Lives in the same house, but not in the same bedroom?
☐ Lives in a different house, but has observed you sleep?
☐ Lives elsewhere, and has not observed you sleep?

58. Did you doze off while completing this questionnaire?
☐ No ☐ Yes

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