

Sleep Questionnaire II

HCHS/SOL Sleep Ancillary Study

ID NUMBER:

FORM CODE: SQE
VERSION: A 08/10/10

Contact Occasion

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

*Check the response for each item that best describes you during **the past two weeks**.*

sqea1 1. Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?

- 5:00 – 6:30 am 1
- 6:30 – 7:45 am 2
- 7:45 – 9:45 am 3
- 9:45 – 11:00 am 4
- 11:00 am – 12:00 (noon) 5

sqea2 2. During the first half hour after having woken in the morning, how tired do you feel?

- Very tired 1
- Fairly tired 2
- Fairly refreshed 3
- Very refreshed 4

sqea3 3. At what time in the evening do you feel tired and, as a result, in need of sleep?

- 8:00 – 9:00 pm 1
- 9:00 – 10:15 pm 2
- 10:15 pm – 12:45 am 3
- 12:45 – 2:00 am 4
- 2:00 – 3:00 am 5

sqea4 4. At what time of the day do you think that you reach your "feeling best" peak?

- 5:00 – 8:00 am 1
- 8:00– 10:00 am 2
- 10:00– 4:45 pm 3
- 5:00 – 9:45 pm 4
- 10:00– 4:45 am 5

sqea5 5. One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?

- Definitely a "morning" type. 1
- Rather more a "morning" than an "evening" type 2
- Rather more an "evening" than a "morning" type 3
- Definitely an "evening" type 4

Check the response for each item that best describes you during **the past two weeks**.

sqea6 6. Please rate the current **SEVERITY** of your difficulty falling asleep.

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very Severe 4

sqea7 7. Please rate the current **SEVERITY** of your difficulty staying asleep.

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very Severe 4

sqea8 8. Please rate the current **SEVERITY** of your problem of waking up too early.

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very Severe 4

sqea9 9. How **SATISFIED**/dissatisfied are you with your current sleep pattern?

- Very Satisfied 0
- Satisfied 1
- Neither Satisfied or Dissatisfied 2
- Dissatisfied 3
- Very Dissatisfied 4

sqea10 10. In the past 2 weeks, have you had a problem with your sleep?

- No 0 → GO TO QUESTION 14
- Yes 1

sqea11 11. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/ daily chores, concentration, memory, mood, etc.)?

- Not at all interfering 0
- A little 1
- Somewhat 2
- Much 3
- Very much interfering 4

sqea12 12. How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?

- Not at all noticeable 0
- Barely 1
- Somewhat 2
- Much 3
- Very much noticeable 4

sqea13 13. How **WORRIED**/distressed are you about your current sleep problem?

- Not at all 0
- A little 1
- Somewhat 2
- Much 3
- Very much 4

sqea14 14. Do you have a TV in your bedroom?

- No 0 → GO TO QUESTION 16
- Yes 1

*For this section, please check the response for each item that best describes you during **the past four weeks**.*

sqea15 15. Do you ever use the TV to help you fall asleep?

- No, not in the past 4 weeks 0
- Yes, less than once a week 1
- Yes, 1-2 times a week 2
- Yes, 3-4 times a week 3
- Yes, 5 or more times a week 4

sqea16 16. Do you ever have a drink of alcohol to help you sleep?

- No, not in the past 4 weeks 0
- Yes, less than once a week 1
- Yes, 1-2 times a week 2
- Yes, 3-4 times a week 3
- Yes, 5 or more times a week 4

sqea17 17. Do you ever drink a non-alcoholic beverage like warm milk or herbal tea to help you sleep?

- No, not in the past 4 weeks 0
- Yes, less than once a week 1
- Yes, 1-2 times a week 2
- Yes, 3-4 times a week 3
- Yes, 5 or more times a week 4

sqea18 18. Do you ever use a natural or herbal medicine (like melatonin or valerian) to help you sleep?

- No, not in the past 4 weeks 0
- Yes, less than once a week 1
- Yes, 1-2 times a week 2
- Yes, 3-4 times a week 3
- Yes, 5 or more times a week 4

sqea19 19. Do you ever use an over-the-counter medicine (like Benadryl or Tylenol PM) to help you sleep?

- No, not in the past 4 weeks 0
- Yes, less than once a week 1
- Yes, 1-2 times a week 2
- Yes, 3-4 times a week 3
- Yes, 5 or more times a week 4

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sqea20 20. Do you ever use a prescription medicine (like trazodone or Ambien) to help you sleep?

- No, not in the past 4 weeks 0
- Yes, less than once a week 1
- Yes, 1-2 times a week 2
- Yes, 3-4 times a week 3
- Yes, 5 or more times a week 4

sqea21 21. On a typical day, how many cups of regular coffee (with caffeine) do you drink?

cups

sqea22 22. On a typical day, how many cups of regular tea (with caffeine) do you drink?

cups

sqea23 23. On a typical day, how many glasses or cans of cola or other soda with caffeine do you drink?

glasses or cans

sqea24 24. One a typical day, how many shots, cans or bottles of a caffeinated energy drink do you drink?

shots, cans or bottles

sqea25 25. Do you ever use caffeinated drinks (coffee, soda, energy drinks, etc.) to help you stay awake?

- No, not in the past 4 weeks 0
- Yes, less than once a week 1
- Yes, 1-2 times a week 2
- Yes, 3-4 times a week 3
- Yes, 5 or more times a week 4