ID						Namecode				

Date			/			/		

Staff ID			

Final Visit Health Questionnaire

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. Unless otherwise noted, the following questions refer to your sleep and symptoms over the **LAST ONE MONTH**.

SLEEP AND HEALTH HISTORY

1. At what time do you usually FALL ASLEEP on weekdays or your work days?
   ☐ A.M. (*Midnight is 12:00 A.M.*)
   ____ ____: ____ ____ ☐ P.M.
   wdfahr | wdfamn | wdfaap
2. At what time do you usually FALL ASLEEP on weekends or your non-work days?
   ☐ A.M. (*Midnight is 12:00 A.M.*)
   ____ ____: ____ ____ ☐ P.M.
   wefahr | wefamn | wefaap
3. How many minutes does it usually take you to fall asleep at bedtime?

   _____ _____ _____ (*Number of minutes*)
   asleepmn
4. At what time do you usually WAKE UP on weekdays or your work days?
   ☐ A.M. (*Midnight is 12:00 A.M.*)
   ____ ____: ____ ____ ☐ P.M.
   wdwuhr | wdwumn | wdwuap
5. At what time do you usually WAKE UP on weekends or your non-work days?
   ☐ A.M. (*Midnight is 12:00 A.M.*)
   ____ ____: ____ ____ ☐ P.M.
   wewuhr | wewumn | wewuap
6. During a usual week, how many times do you nap for 5 minutes or more? (*Write in "0" if you do not take naps.*)

   _____ _____ (*Number of times*)
   nap5min

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7. Please indicate how often you experienced the following over the last month.

	NEVER (0)	RARELY (Once a month or less)	SOMETIMES (2-4 times a month)	OFTEN (5-15 times a month)	ALMOST ALWAYS (16-30 times a month)
A. Had trouble falling asleep	trfallaslp ☐		☐	☐	☐
B. Woke up during the night and had difficulty getting back to sleep	wokediff ☐		☐	☐	☐
C. Woke up too early in the morning and were unable to get back to sleep	wakeearly ☐		☐	☐	☐
D. Felt unrested during the day, no matter how many hours of sleep you had	unrested ☐		☐	☐	☐
E. Felt excessively (overly) sleepy during the day	excsleepy ☐		☐	☐	☐
F. Did not get enough sleep	notenough ☐		☐	☐	☐
G. Took sleeping pills or other medications to help you sleep	tookpills ☐		☐	☐	☐

fsnore 8. In the last month, have you snored?

☐ YES ☐ NO → *Skip to Question 10*

☐ DON'T KNOW

fsnorefq 9. In the last month, how often did you snore? (Check one)

- ☐ Do not snore anymore
- ☐ Rarely – less than one night a week
- ☐ Sometimes – 1 or 2 nights a week
- ☐ Frequently – 3 to 5 nights a week
- ☐ Always or almost always – 6 or 7 nights a week
- ☐ Don't know

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stopbreath 10. In the last month, were there times when you stopped breathing during your sleep?

☐ YES ☐ NO → *Skip to Question 12*

☐ DON'T KNOW

stopbreathfq 11. In the last month, how often did you have times when you stopped breathing during your sleep? (Check one)

- ☐ Rarely – less than one night a week
- ☐ Sometimes – 1 or 2 nights a week
- ☐ Frequently – 3 to 5 nights a week
- ☐ Always or almost always – 6 or 7 nights a week
- ☐ Don't know

snorted 12. In the last month, were there times when you snorted or gasped during your sleep?

☐ YES ☐ NO → *Skip to Question 14*

☐ DON'T KNOW

snortedfq 13. In the last month, how often did you have times when you snorted or gasped during your sleep? (Check one)

- ☐ Rarely – less than one night a week
- ☐ Sometimes – 1 or 2 nights a week
- ☐ Frequently – 3 to 5 nights a week
- ☐ Always or almost always – 6 or 7 nights a week
- ☐ Don't know

14. How often, on average in the last month, have you been awakened with the following?

	NEVER (0)	RARELY (Once a month or less)	SOMETIMES (2-4 times a month)	OFTEN (5-15 times a month)	ALMOST ALWAYS (16-30 times a month)
A. Coughing or wheezing	coughing ☐		☐	☐	☐
B. Chest pain or tightness	chestpain ☐		☐	☐	☐
C. Shortness of breath	shortbreath ☐		☐	☐	☐
D. Sweats or hot flashes	sweats ☐		☐	☐	☐
E. Noise in your surroundings	noisesurr ☐		☐	☐	☐
F. Pain in your joints, muscles, or back	painjoints ☐		☐	☐	☐
G. Heartburn or indigestion	heartburn ☐		☐	☐	☐
H. Leg cramps or leg jerks	legcramps ☐		☐	☐	☐
I. Need to go to the bathroom	bathroom ☐		☐	☐	☐

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movelegs 15. In the last month, did you ever experience a desire to move your legs because of discomfort or disagreeable sensations in your legs?

☐ YES ☐ NO → *Skip to Question 16*

☐ DON'T KNOW

IF YES:

moverelieve 15a. Do you sometimes feel the need to move to relieve the discomfort, for example by walking, or to relieve the discomfort by rubbing your legs?

☐ Yes ☐ No ☐ Don't Know

worserest 15b. Are these symptoms worse when you are at rest, with at least temporary relief by activity?

☐ Yes ☐ No ☐ Don't Know

worselater 15c. Are these symptoms worse later in the day or at night? ☐ Yes ☐ No ☐ Don't Know

painwalk 16. In the last month, did you ever get pain in either leg or buttock while walking?

☐ YES ☐ NO → *Skip to Question 17*

IF YES:

painbegin 16a. Does this pain ever begin when you are standing still or sitting? ☐ Yes ☐ No

paincalves 16b. In what part of your leg or buttock do you feel it? ☐ Pain includes calf/calves ☐ Pain does not include calf/calves

walkhurry 16c. Do you get it if you walk uphill or hurry? ☐ Yes ☐ No ☐ N/A

walkordinary 16d. Do you get it if you walk at an ordinary pace on the level? ☐ Yes ☐ No

paindisappear 16e. Does the pain ever disappear while you are walking? ☐ Yes ☐ No

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swelling 17. In the last month, did you have swelling of your feet or ankles? Yes ☐ No ☐ Don't Know ☐

IF YES:

swellingday 17a. Does it tend to come on during the day and go down overnight? ☐ Yes ☐ No ☐ Don't Know

twopillows 18. In the last month, have you had to sleep on two or more pillows to help you breathe? Yes ☐ No ☐ Don't Know ☐

awakened 19. In the last month, have you been awakened at night by trouble breathing? Yes ☐ No ☐ Don't Know ☐

evchestpain

20. Have you ever had any pain or discomfort in your chest? ☐ Yes* ☐ No

21. Have you ever had any pressure or heaviness in your chest? ☐ Yes* ☐ No (go to #30)

evchestpress

***If you answered YES to either of the above questions (20 or 21), answer the below questions (22-26) thinking about the LAST MONTH. If you answered No to both, go to #27:**

presshurry 22. Do you get chest discomfort/pressure when you walk uphill or hurry? ☐ Yes ☐ No ☐ Never hurry or walk uphill

pressordinary 23. Do you get chest discomfort/pressure when you walk at an ordinary pace on ground level? ☐ Yes ☐ No

dopresswalk 24. What do you do if you get chest discomfort/pressure while you are walking? ☐ Stop or slow down ☐ Carry on

standstill 25. If you stand still, what happens to your chest discomfort/pressure? ☐ Relieved ☐ Not relieved (go to #26)

standstillsoon 25a. If **relieved**, how soon? ☐ 10 minutes or less ☐ More than ten minutes

seedoctor 26. Did you see a doctor because of this pain (or discomfort)? ☐ Yes ☐ No

seedoctor_text 26a. If **yes**, what did he/she say? _____

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27. In the **PAST MONTH**, 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	actwalking(hr/mn)	actwalkingdays
b.	Jogging (slower than 10 minutes/mile)	actjogging(hr/mn)	actjoggingdays
c.	Running (10 minutes/mile or faster)	actrunning(hr/mn)	actrunningdays
d.	Bicycling (include stationary machine)	actbicycling(hr/mn)	actbicyclingdays
e.	Tennis, squash, racquetball	acttennis(hr/mn)	acttennisdays
f.	Swimming	actswimming(hr/mn)	actswimmingdays
g.	Other aerobic exercise (aerobic dance, ski or stair machine, etc.)	actaerobic(hr/mn)	actaerobicdays
h.	Lower intensity exercise (yoga, stretching, toning)	actlowint(hr/mn)	actlowintdays
i.	Other vigorous activities (e.g., lawn mowing)	actothvig(hr/mn)	actothvigdays
j.	Weight training or resistance exercises (Include free weights or machines such as Nautilus)	Arm weights: actweightarm(hr/mn) Leg weights: actweightleg(hr/mn)	actweightarmdays actweightlegdays
k.	Other (specify): _____ actother_text _____	actother(hr/mn)	actotherdays