SLEEP HEART HEALTH

SLEEP HEART HEALTH STUDY

HEALTH INTERVIEW

New York

ID#: PPTID

Field Center: SITE15

Before we get started, I have a few questions to ask you. These are questions mostly about your health history.

1 Have you ever had any of the following procedures? *(SHOW CARD B)*

		YES	NO	UNSURE
CABG15	coronary bypass surgery ("CABBAGE")	☐ 1	☐ 0	☐ 8
CA15	coronary angioplasty (balloon angioplasty)	☐ 1	☐ 0	☐ 8
PACEM15	insertion of a pacemaker (defibrillator)	☐ 1	☐ 0	☐ 8
OTHRCS15	other heart or cardiac surgery	☐ 1	☐ 0	☐ 8

If "YES" to "other heart or cardiac surgery," please specify: OCSSPC15

2 Has a doctor ever told you that you have the following? *(Show Card C)*

		YES	NO	UNSURE
SA15	sleep apnea	☐ 1	☐ 0	☐ 8
EMPHYS15	emphysema	☐ 1	☐ 0	☐ 8
CRBRON15	chronic bronchitis	☐ 1	☐ 0	☐ 8
COPD15	COPD (chronic obstructive pulmonary disease)	☐ 1	☐ 0	☐ 8
ASTHMA15	asthma	☐ 1	☐ 0	☐ 8

3 Have you had an attack of asthma at any time in the last 12 months?

	YES	NO	UNSURE
ASTH1215	☐ 1	☐ 0	☐ 8

4 Do you cough on most days for as much as three months of the year?

	YES	NO	UNSURE
COUGH315	☐ 1	☐ 0	☐ 8

5 Do you bring up phlegm from your chest on most days for as much as three months of the year?

	YES	NO	UNSURE
PHLEGM15	☐ 1	☐ 0	☐ 8

6 Do you usually have a runny nose or stuffy nose?

	YES	NO	UNSURE
RUNNY15	☐ 1	☐ 0	☐ 8

7 Do you usually have sinus trouble?

	YES	NO	UNSURE
SINUS15	☐ 1	☐ 0	☐ 8

The next few questions are about cigarette smoking.

SMOKING QUESTIONS (8-12): (3 MONTHS)

☐ 1 **Data collected today at home visit**

WHENSM15

☐ 2 **Data collected in clinic:**

Date: SMCLDT15___

month day year

8 Have you ever smoked cigarettes? By "ever," we mean at least 20 packs in your lifetime.

EVSMOK15 YES ☐ 1 NO ☐ 0 → *Skip to Question 13.*

9 How old were you when you first started regularly smoking cigarettes?

AGESMK15 years old

10 Since you began smoking, was there ever a period of one year or more that you did not smoke?

NS1YR15 YES ☐ 1 NO ☐ 0

If "YES," for how many years did you NOT smoke?

YRSNS15 **years**

11 Do you now smoke cigarettes?

SMKNOW15 YES ☐ NO ☐

If "Yes," how many cigarettes per day do you now smoke?

CIGDAY15
(number per day)

If "No," when did you stop?

MOSTOP15 month YRSTOP15 year

12 On average, during the entire time you smoked, how many cigarettes did you usually smoke per day?

AVESMK15 (number of cigarettes)

CAFFEINE QUESTIONS (13): (3 MONTHS)

WHENCF15
☐ 1 **Data collected today at home visit**
☐ 2 **Data collected in clinic:**
Date: CFCLDT15
month day year

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

COFFEE15 cups

How many cups of regular tea (with caffeine) do you drink?

TEA15 cups

How many glasses or cans of cola or other soda with caffeine do you drink?

SODA15 glasses or cans

ALCOHOL QUESTIONS (14): (3 MONTHS)

WHENAL15
☐ 1 **Data collected today at home visit**
☐ 2 **Data collected in clinic:**
Date: ALCLDT15
month day year

14 How many glasses (4 oz.) of wine do you usually have per week?

WINE15 glasses

How many bottles or cans of beer (12 oz.) do you usually have per week?

BEER15 cans/bottles

How many drinks with hard liquor (1 shot) do you usually have per week?

SHOTS15 drinks

15 **During the last two weeks, did you take any aspirin or aspirin-containing medicines such as Bufferin, Anacin, or Ascriptin?**

ASA15 ☐ YES 1 ☐ NO 0

If "Yes," on how many days during the last two weeks did you take this medicine?

ASALW15 (number of days)

16 **Do you take sleeping pills one or more times a week?**

SLPILL15 ☐ YES 1 ☐ NO 0 ☐ UNSURE 8

17 **Did a doctor prescribe nitroglycerin for you in the last year?**

NITRO15 ☐ YES 1 ☐ NO 0 ☐ UNSURE 8

21 **How well did you sleep last night?** *(Show card D, then check one.)* HWWELL15

☐ 1 Much worse than usual
☐ 2 Somewhat worse than usual
☐ 3 As well as usual
☐ 4 A little better than usual
☐ 5 Much better than usual

22 **If you took any naps today, for how long did you sleep during the naps?** *(Use "0" for no naps.)*

NAPSHR15 hours NAPSMN15 minutes

23 **How stressful was your day today? Was it:** *(Check one.)* STRESS15

☐ 1 A typical day?
☐ 2 Less stressful than usual?
☐ 3 More stressful than usual?

The next few questions I have are about your sleep last night.

18 **What time did you go to sleep last night?**

☐ 1 A.M.
(Midnight is 12:00 A.M.)
TMSLH15 TMSLM15 ☐ 2 P.M.

TMSLA15

19 **What time did you wake up today?**

☐ 1 A.M.
(Midnight is 12:00 A.M.)
TMWUH15 : TMWUM15 ☐ 2 P.M.

TMWUA15

20 **How long did you sleep last night?**

HWLGHR15 hours HWLGMN15 minutes

Field Center Use Only

Interviewer administered, in: LANG15

☐ 1 English
☐ 2 Spanish
☐ 3 Lakota
☐ 4 Pima
☐ 5 Other, specify: LANGOT15
☐ 6 Unknown

Interviewer or Reviewer INTID15

Date: DATE15
month day year