



SLEEP HEART HEALTH STUDY

HEALTH INTERVIEW Framingham

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.

PREVALENT DISEASE QUESTIONS: (3 MONTHS)

- 1 Data collected today at home visit
2 Data collected in clinic: Date: PDCLDT15 month day year

1 Has a doctor ever told you that you have or had the following? (SHOW CARD A)

ANGINA15
MI15
STROKE15
HF15

Table with 3 columns: YES, NO, UNSURE and 4 rows: angina, heart attack (myocardial infarct), stroke, heart failure

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

CABG15
CA15
PACEM15
OTHRCS15

Table with 3 columns: YES, NO, UNSURE and 4 rows: coronary bypass surgery ("CABBAGE"), coronary angioplasty (balloon angioplasty), insertion of a pacemaker (defibrillator), other heart or cardiac surgery

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

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

Table with 3 columns: YES, NO, UNSURE and 5 rows: sleep apnea, emphysema, chronic bronchitis, COPD (chronic obstructive pulmonary disease), asthma

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

Table with 3 columns: YES, NO, UNSURE and 1 row: ASTH1215

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

Table with 3 columns: YES, NO, UNSURE and 1 row: COUGH315

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

Table with 3 columns: YES, NO, UNSURE and 1 row: PHLEGM15

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

Table with 3 columns: YES, NO, UNSURE and 1 row: RUNNY15

8 Do you usually have sinus trouble?

YES NO UNSURE
SINUS15 1 0 8

The next few questions are about cigarette smoking.

SMOKING QUESTIONS (9, 10): (3 MONTHS)

WHENSM15 1 Data collected today at home visit
 2 Data collected in clinic:
Date: SMCLDT15 __
month day year

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

EVSMOK15 YES NO
 1 0 → Skip to Question 11.

10 Do you now smoke cigarettes?

SMKNOW15 YES NO
 1 0

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

CIGDAY15
(number per day)

If "No," when did you stop?

MOSTOP15 YRSTOP15
month year

CAFFEINE QUESTIONS (11): (3 MONTHS)

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

11 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

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

ASA15 YES NO
 1 0

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

ASALW15 (number of days)

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

SLPILL15 YES NO UNSURE
 1 0 8

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

NITRO15 YES NO UNSURE
 1 0 8

15 What is the highest grade or year of school you have ever completed, including trade or vocational school, college, and graduate or professional school? (Do not read responses.)

Grades 1 - 12 (record number; use "0" for none.)

HIGRAD15

GED: 13

Vocational School:

1 year 14

2 years 15

3 years 16

College:

1 year 17

2 years 18

3 years 19

4 years 20

Graduate or professional: 21

Refused to answer: 99

19 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

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

NAPSHR15 hours **NAPSMN15** minutes

21 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.

16 What time did you go to sleep last night?

1 A.M.

(Midnight is 12:00 A.M.) **TMSLA15**

TMSLH15 **TMSLM15** 2 P.M.

17 What time did you wake up today?

1 A.M.

(Midnight is 12:00 A.M.) **TMWUA15**

TMWUH15 **TMWUM15** 2 P.M.

18 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