Please complete as thoroughly as possible and to the best of your knowledge.

1 A. At what time do you usually FALL ASLEEP on weekdays or your work days?

   TFAWDH02 : TFAWDM02
   [ ] 1 A.M. (Midnight is 12:00 A.M.)
   [ ] 2 P.M. TFAWDA02

B. At what time do you usually FALL ASLEEP on weekends or your non-work days?

   TFAWEH02 : TFAWEM02
   [ ] 1 A.M. (Midnight is 12:00 A.M.)
   [ ] 2 P.M. TFAWEA02

2 How many minutes does it usually take you to fall asleep at bedtime?

   MI2SLP02   ____  ____  ____  (Number of minutes)

3 A. At what time do you usually WAKE UP on weekdays or your work days?

   TWUWDH02 : TWUWDM02
   [ ] 1 A.M. TGUWDA02
   [ ] 2 P.M. TWUWDA02

B. At what time do you usually WAKE UP on weekends or your non-work days?

   TWUWEH02 : TWUWEM02
   [ ] 1 A.M. TWUWEA02
   [ ] 2 P.M. TWUWEA02
4. How many hours of sleep do you usually get at night (or your main sleep period) on weekdays or workdays?

HRSWD02  (Number of hours)

5. How many hours of sleep do you usually get at night (or your main sleep period) on weekends or your non-work days?

HRSWE02  (Number of hours)

6. During a usual week, how many times do you nap for 5 minutes or more? (Write in "0" if you do not take any naps.)

NAPS02   (Number of times)

7. Please indicate how often you experience each of the following. (Check one box for each item.)

<table>
<thead>
<tr>
<th>TFA02</th>
<th>Have trouble falling asleep.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WUDNRS02</td>
<td>Wake up during the night and have difficulty getting back to sleep.</td>
</tr>
<tr>
<td>WU2EM02</td>
<td>Wake up too early in the morning and be unable to get back to sleep.</td>
</tr>
<tr>
<td>FUNRES02</td>
<td>Feel unrested during the day, no matter how many hours of sleep you had.</td>
</tr>
<tr>
<td>SLEEPY02</td>
<td>Feel excessively (overly) sleepy during the day.</td>
</tr>
<tr>
<td>NGES02</td>
<td>Do not get enough sleep.</td>
</tr>
<tr>
<td>TKPILL02</td>
<td>Take sleeping pills or other medication to help you sleep.</td>
</tr>
</tbody>
</table>

NEVER (0)  RARELY (1/month or less)  SOMETIMES (2-4/month)  OFTEN (5-15/month)  ALMOST ALWAYS (16-30/month)

(0)                 (1/month or less)     (2-4/month)     (5-15/month)  (16-30/month)
Questions 8 through 16 are about snoring and breathing during sleep. To answer these questions, please consider both what others have told you AND what you know about yourself.

8 Have you ever snored (now or at any time in the past)?

- 1 YES
- 0 NO
- 8 DON'T KNOW

Skip to Question 14 on page 4.

9 How often do you snore now? (Check one.)

- 0 Do not snore any more.
- 1 Rarely - less than one night a week.
- 2 Sometimes - 1 or 2 nights a week.
- 3 Frequently - 3 to 5 nights a week.
- 4 Always or almost always - 6 or 7 nights a week.
- 8 Don't know.

Skip to Question 13 on page 4.

10 How loud is your snoring? (Check one.)

- 1 Only slightly louder than heavy breathing.
- 2 About as loud as mumbling or talking.
- 3 Louder than talking.
- 4 Extremely loud - can be heard through a closed door.
- 8 Don't know.

11 For how many years have you been snoring?

(YRSSNR02) (Number of years) OR Don't know 88
12 Is your snoring: (Check one.)  

☐ 1 Increasing over time?  

☐ 2 Decreasing over time?  

☐ 3 Staying the same?  

☐ 8 Don't know.  

13 Have you ever had surgery as treatment for your snoring?  

☐ 1 YES  ☐ 0 NO  

14 Are there times when you stop breathing during your sleep?  

☐ 1 YES  ☐ 0 NO  ☐ 8 DON'T KNOW  

Skip to Question 16 on page 5.  

15 How often do you have times when you stop breathing during your sleep?  

☐ 1 Rarely - less than one night a week.  

☐ 2 Sometimes - 1 or 2 nights a week.  

☐ 3 Frequently - 3 to 5 nights a week.  

☐ 4 Always or almost always - 6 or 7 nights a week.  

☐ 8 Don't know.
### Question 16
Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?

- **YES**: 1
- **NO**: 0
- **DONT KNOW**: 8

[Skip to Question 17 below.]

### Question 17
Do you sleep with either a pressure mask ("CPAP") or a mouthpiece as treatment for your sleep apnea?

- **YES**: 1
- **NO**: 0

### Question 18
In the past year, how often, on average, have you been awakened with the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>NEVER (0)</th>
<th>RARELY (1/month or less)</th>
<th>SOMETIMES (2-4/month)</th>
<th>OFTEN (5-15/month)</th>
<th>ALWAYS (16-30/month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUGH02 Coughing or wheezing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>CP02 B Chest pain or tightness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOB02 C Shortness of breath.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>SWEATS02 Sweats or hot flashes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NOISE02 Noise in your surroundings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>PAINJT02 Pain in your joints, muscles, or back.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>HB02 G Heartburn or indigestion.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>LEGCRP02 Leg cramps or leg jerks.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NEEDBR02 Need to go to the bathroom.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
19 During the past year, how often have one or more members of your household been in or near the room where you have slept?  

<table>
<thead>
<tr>
<th></th>
<th>NO CHANCE</th>
<th>SLIGHT CHANCE</th>
<th>MODERATE CHANCE</th>
<th>HIGH CHANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

20 What is the chance that you would doze off or fall asleep (not just "feel tired") in each of the following situations? (Check one box for each situation. If you are never or rarely in the situation, please give your best guess for that situation.)

- **A. Sitting and reading.**
- **B. Watching TV.**
- **C. Sitting inactive in a public place (such as a theater or a meeting).**
- **D. Riding as a passenger in a car for an hour without a break.**
- **E. Lying down to rest in the afternoon when circumstances permit.**
- **F. Sitting and talking to someone.**
- **G. Sitting quietly after a lunch without alcohol.**
- **H. In a car, while stopped for a few minutes in traffic.**
- **I. At the dinner table.**
- **J. While driving.**

21 About one in four ARIC participants in Minnesota will have a sleep study in his/her home. Would you be interested in undergoing a one-night sleep study (if offered)?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 8 UNSURE

Please return this questionnaire in the enclosed postage-paid envelope. Thank you for your participation in the Sleep Heart Health Study!

Field Center Use Only

☐ 0 Self administered  

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

INTDT02

month day year