SLEEP HEART HEALTH

SLEEP HEART HEALTH STUDY

SLEEP HABITS QUESTIONNAIRE

ID#: PPTID

Field Center: SITE02

Today's date: DATE02
month day year

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.
☐ 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.
☐ 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.)*

		NEVER (0)	RARELY (1/month or less)	SOMETIMES (2-4/month)	OFTEN (5-15/month)	ALMOST ALWAYS (16-30/month)
TFA02	A. Have trouble falling asleep.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
WUDNRS02	Wake up during the night and have difficulty getting back to sleep.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
WU2EM02	Wake up too early in the morning and be unable to get back to sleep.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FUNRES02	Feel unrested during the day, no matter how many hours of sleep you had.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SLEEPY02	Feel excessively (overly) sleepy during the day.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NGES02	Do not get enough sleep.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
TKPILL02	Take sleeping pills or other medication to help you sleep.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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)? HVSNRD02

☐ 1 YES

☐ 0 NO → *Skip to Question 14 on page 4.*

☐ 8 DON'T KNOW → *Skip to Question 14 on page 4.*

9 How often do you snore now? *(Check one.)* HOSNR02

☐ 0 Do not snore any more. → *Skip to Question 13 on page 4.*

☐ 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.

10 How loud is your snoring? *(Check one.)* LOUDSN02

☐ 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.)*** ISSNOR02

- ☐ 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? SURGTR02

☐ 1 YES ☐ 0 NO

14 Are there times when you stop breathing during your sleep? STPBRT02

☐ 1 YES

☐ 0 NO → *Skip to Question 16 on page 5.*

☐ 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? HOSTBR02

- ☐ 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.

16 A. Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)? MDSA02

☐ 1 YES ☐ 0 NO → *Skip to Question 17 below.*

☐ 8 DON'T KNOW → *Skip to Question 17 below.*

B. Do you sleep with either a pressure mask ("CPAP") or a mouthpiece as treatment for your sleep apnea? CPAP02

☐ 1 YES ☐ 0 NO

C. Have you had surgery as treatment for your sleep apnea? SURGSA02

☐ 1 YES ☐ 0 NO

17 Do you usually use oxygen therapy (oxygen delivered by a mask or nasal cannula) during your sleep? O2THPY02

☐ 1 YES ☐ 0 NO

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

		NEVER (0)	RARELY (1/month or less)	SOMETIMES (2-4/month)	OFTEN (5-15/month)	ALMOST ALWAYS (16-30/month)
COUGH02	Coughing or wheezing.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CP02	B. Chest pain or tightness.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOB02	C. Shortness of breath.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SWEATS02	Sweats or hot flashes.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NOISE02	E. Noise in your surroundings.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAINJT02	F. Pain in your joints, muscles, or back.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
HB02	G. Heartburn or indigestion.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
LEGCRP02	Leg cramps or leg jerks.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NEEDBR02	Need to go to the bathroom.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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? MEMBHH02

☐ 1 NEVER ☐ 2 SOMETIMES ☐ 3 USUALLY

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.***

		NO CHANCE	SLIGHT CHANCE	MODERATE CHANCE	HIGH CHANCE
SITRD02	A. Sitting and reading.	☐ 1	☐ 2	☐ 3	☐ 4
WATV02	B. Watching TV.	☐ 1	☐ 2	☐ 3	☐ 4
SITPUB02	C. Sitting inactive in a public place (such as a theater or a meeting).	☐ 1	☐ 2	☐ 3	☐ 4
PGRCAR02	Riding as a passenger in a car for an hour without a break.	☐ 1	☐ 2	☐ 3	☐ 4
LYDWN02	E. Lying down to rest in the afternoon when circumstances permit.	☐ 1	☐ 2	☐ 3	☐ 4
SITTLK02	F. Sitting and talking to someone.	☐ 1	☐ 2	☐ 3	☐ 4
SITLCH02	G. Sitting quietly after a lunch without alcohol.	☐ 1	☐ 2	☐ 3	☐ 4
INCAR02	H. In a car, while stopped for a few minutes in traffic.	☐ 1	☐ 2	☐ 3	☐ 4
ATTABL02	At the dinner table.	☐ 1	☐ 2	☐ 3	☐ 4
DRIVE02	J. While driving.	☐ 1	☐ 2	☐ 3	☐ 4

Thank you for your participation in the Sleep Heart Health Study.

Field Center Use Only

☐ 0 Self administered WHOADM02 er administered, in:

☐ 1 English ☐ 4 Pima

☐ 2 Spanish ☐ 5 Other, specify:_____

☐ 3 Lakota ☐ 6 Unknown

Interviewer or Reviewer INTID02 Date: INTDT02
month day year