A. Past history

1. Has a doctor ever told you that you have the following?
   a. Emphysema
   b. Chronic bronchitis
   c. COPD (chronic obstructive pulmonary disease)
   d. Asthma
   e. Do you still have asthma?

2. During the last two weeks, did you take any aspirin or aspirin-containing medicines such as Bufferin, Anacin, or Ascriptin?
   a. If "Yes," on how many days during the last two weeks did you take this medicine?

B. Last night and today

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

3. What time did you go to sleep last night?
   (Midnight is 12:00 A.M.)

4. How long did you sleep last night?

5. How well did you sleep last night?

6. If you took any naps today, what is the total time you slept during the naps? (use "00" minutes for no naps.)

7. How stressful was your day today?
   Was it: (check one.)
Questions #9-10 are about your MOST FREQUENT symptom you checked as yes in item #8.

8. In the past year, while SITTING OR LYING DOWN, have you had any of the following symptoms?

- a. An urge to move your legs
- b. Unpleasant or uncomfortable feelings in your legs

If answer is "No" or "Don't Know" to both, go to question 16.

Questions #11-15 refer to all symptoms you checked as present in item #8.

11. These symptoms are most likely to occur when you are (check the one best answer):

- 1. Resting, sitting or lying down
- 2. Exercising or just stopped exercising
- 3. Standing or walking
- 4. Having a leg cramp or "charlie horse"
- 8. Don't know

12. Are they worse when you are sitting or lying down than when you are moving around or walking?

- YES
- NO
- Don't know

13. Do the symptoms improve if you get up and start walking?

- YES
- NO
- Don't know

14. What time of day do they occur? (check the one best answer):

- 1. Daytime only (before 6 PM)
- 2. Bedtime only
- 3. Evening or nighttime only (after 6 PM)
- 4. Both day and night

a. If both day and night, do they get worse at night?

- YES
- NO
- Don't know
15. How old were you when you first noticed these symptoms? (write in "D" if Don't know)

_____  _____  age in years (approximate OK)

16. Has a doctor ever told you that you have the restless leg syndrome?

YES  NO  Don't know

1  0  8

D. Administrative information

Field Site Use Only

17. Interviewer administered in: hi217

1  English
2  Spanish
3  Lakota
4  Pima
5  Other, specify: hi217s
6  Unknown

18. Interviewer or Reviewer: hi218

19. Date: hi219  2  0  0

month  day  year

20. Comments:

hi220s
hi220t
hi220u