A. Participant questions

*After you get up, please fill out this form as completely as you can. If you have any questions, the technician will be happy to help you when your monitor is collected.*

1. What time did you go to sleep last night?
   - 1 A.M. *(Midnight is 12:00 A.M.)*
   - **ms201h** : **ms201m**  **ms201ap** M.

2. What time did you wake up today?
   - 1 A.M. *(Midnight is 12:00 A.M.)*
   - **ms202h** : **ms202m**  **ms202ap** M.

3. How much time do you think you actually slept last night?
   - **ms203h**  HOURS  **ms203m** MINUTES

4. Rate the actual quality of your sleep last night (Do not compare to usual sleep quality). My sleep last night was (circle a number for each):

   a. Light  Deep
      - 1 2 3 4 5

   b. Short  Long
      - 1 2 3 4 5

   c. Restless  Restful
      - 1 2 3 4 5
5. Compared to your usual night's sleep, how well did you sleep last night?  
(check one)  
☐ 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

6. How long did it take you to fall asleep at bedtime last night?  
☐ ms206h  HOURS  ☐ ms206m  MINUTES

7. What was your sleeping arrangement last night?  (check one)  
☐ 1 Another person in same bed  
☐ 2 Another person in same room but different bed  
☐ 3 Alone in room

8. What is your usual sleeping arrangement?  (check one)  
☐ 1 Another person in same bed  
☐ 2 Another person in same room but different bed  
☐ 3 Alone in room

For Questions 9-11, please think back to the four-hour period before you went to sleep last night.

9. How many of the following drinks did you have during the 4 hours before you went to sleep last night? (Please write "0" if you did not drink any of that beverage.)  
☐ ms209a  a. ___ glasses of wine (4 oz.)  
☐ ms209b  b. ___ drinks with hard liquor (1 shot)  
☐ ms209c  c. ___ bottles or cans of beer (12 oz.)
10. How many of the following drinks with caffeine did you have during the 4 hours before you went to sleep last night? *(Please write "0" if you did not drink any of that beverage.)*

- a. ___ cups of regular coffee (with caffeine)
- b. ___ cups of tea (with caffeine)
- c. ___ glasses or cans of cola or other soda (with caffeine)

11. How much did you smoke during the 4 hours before you went to sleep last night? *(Please write "0" for each that you did not smoke last night.)*

- a. ___ number of cigarettes
- b. ___ number of pipe bowls
- c. ___ number of cigars

12. Did you have nasal stuffiness, obstruction, or discharge last night? *(check one)*

- □ 1 Yes  □ 0 No

   a. If yes, did this interfere with your sleep last night? *(check one)*

   - □ 1 Yes  □ 0 No

B. Administrative information

Field Site Use Only

13. □ 0 Self administered/Interviewer administered, in:   ms213

- □ 1 English  □ 4 Pima
- □ 2 Spanish  □ 5 Other, specify: ms213s
- □ 3 Lakota  □ 6 Unknown

14. Interviewer or Reviewer: ms214 ______  ______

15. Date: ms215 month — — — — 2 0 0 ______

   — — — — day 2 0 0 ______

   — — — — year