

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
SLEEP QUESTIONNAIRE FORM # 174**

This form is to be completed locally for each patient at C24 and C48.

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1. Identification Number....

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2. Name Code...

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3. Visit Number...

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4. Visit Date: mm/dd/yyyy...

These questions 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.

Snoring Status

5. Have you ever snored (now or at any time in the past) Snore

- 0 = no, skip to question 11
- 1 = yes, go to question 6
- 8 = don't know, skip to question 11

6. How often have you snored? how often

- 1 = Do not snore any more - skip to question 10
- 2 = Rarely - less than one night a week
- 3 = Sometimes - 1 or 2 nights a week
- 4 = Frequently - 3 - 5 nights a week.
- 5 = Always or almost always - 6 - 7 nights a week
- 8 = Don't know

7. How loud is your snoring? how loud

- 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

8. For how many years have you been snoring? (Enter 89 if unknown) years

9. Is your snoring: Status

- 1 = Increasing over time?
- 2 = Decreasing over time?
- 3 = Staying the same?
- 8 = Don't know

10. Have you ever had surgery as treatment for your snoring? (0=no, 1=yes) treatment

Breathing Status

11. Are there times when you stop breathing during your sleep? stop-breath

0 = no, skip to question 16

1 = yes, go to question 12

2 = was treated for breathing problems but now resolved, skip to question 13

8 = don't know, skip to question 16

12. How often do you have times when you stop breathing during your sleep? stop-times

1 = Rarely - less than one night a week

2 = Sometimes - 1 or 2 nights a week

3 = Frequently - 3 - 5 nights a week.

4 = Always or almost always - 6 - 7 nights a week

8 = Don't know

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

0 = no, skip to question 16

1 = yes, go to question 14

8 = don't know, skip to question 16

14. Do you sleep with either a pressure mask ("CPAP") or a mouth piece as treatment for your sleep apnea? (0=no, 1=yes) CPAP

15. Have you had surgery as treatment for your sleep apnea? (0=no, 1=yes) surgery

16. How was this form administered? form-admin
(Note: This question should be completed by an AASK staff member.)

1=by the patient reading it

2=by someone reading the questions to the patient

3=both 1 and 2

200. Date this form completed (mm/dd/yyyy) compl-dt

201. Certification ID of AASK staff reviewing this form compl-by

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____/____/____