

## Frequent Hemodialysis Network MOS SLEEP SCALE - FORM #225

**Instructions:** This form is completed by Central Interview.

**Schedule:** Daily: Completed at Baseline, F4 and F12

Nocturnal: Completed at Baseline, F5 and F14.

1. Participant ID #					2. Alpha Code		3a. Visit Type	3b. Visit Number		4a. Date of Questionnaire: dd/mon/yyyy									

4b. Time of interview?(hh:mm:ss)..... \_ \_ : \_ \_ : \_ \_

5. How long did it usually take for you to fall asleep during the past 4 weeks? .....

1=0–15 minutes	4=46–60 minutes
2=16–30 minutes	5=More than 60 minutes
3=31–45 minutes	

6. On the average, how many hours did you sleep each night during the past 4 weeks? (Write in the number of hours per night) .....

**Use the following codes to answer questions 7-16:**

1=All of the time	4=Some of the time
2=Most of the time	5=A little of the time
3=A good bit of the time	6=None of the time

7. How often during the past 4 weeks did you feel that your sleep was not quiet? .....

(moving restlessly, feeling tense, speaking, etc., while sleeping)

8. How often during the past 4 weeks did you get enough sleep to feel rested upon waking in the morning? .....

9. How often during the past 4 weeks did you awaken short of breath or with a headache? .....

10. How often during the past 4 weeks did you feel drowsy or sleepy during the day? .....

11. How often during the past 4 weeks did you have trouble falling asleep?.....

12. How often during the past 4 weeks did you awaken during your sleep time and have trouble falling asleep again? .....

13. How often during the past 4 weeks did you have trouble staying awake during the day? .....

14. How often during the past 4 weeks did you snore during your sleep? .....

15. How often during the past 4 weeks did you take naps (5 minutes or longer) during the day?.....

16. How often during the past 4 weeks did you get the amount of sleep you needed? .....

For items 5-16, possible responses may include: 8/88=Don't know, 9/99=Refused to answer (these responses will be considered as missing data.)

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**QOL Center Only**

100. Language used to complete this form? (1=English, 2=Spanish) .....

101. Setting where this form was completed? .....

1=Telephoned person at home (or patient returned QOL phone call shortly after)

2=Telephoned person when he or she was at the dialysis unit

3=Telephoned person at another location

4=Patient phone in at his/her convenience

102. Identify reason this QOL instrument was not completed?.....

0=N/A, instrument was completed

1=Not completed due to patient logistics (phone disconnected, on vacation)

2=Attempted but unable to be completed - patient too sick

3=Attempted but unable to be completed - patient in hospital

4=Unable. Patient withdrew consent.

5=Study Staff logistics

201. Username of person completing interview .....