

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.

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|---------------------|--|--|--|--|---------------|--|----------------|------------------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| 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.)

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