

-

Release Participant ID

[RELEASEID]

Visit **[VISIT]**

Please check the box that corresponds to your answer.

Days between randomization and date form completed: **[LM23DAYS]**

days

**General Work and Sleep Patterns**

Please answer Question 1 to Question 7 based on your experience in the last 4 weeks.

1. Are you currently employed? **[DDEMP]**

<sub>1</sub>  
Yes

<sub>0</sub>  
No

If Yes,

a. Which of the following best describes your usual work schedule (check one)? **[DDEMPHRS]**

<sub>1</sub>  
Day shift

<sub>2</sub>  
Afternoon  
shift

<sub>3</sub>  
Night shift

<sub>4</sub>  
Split shift

<sub>5</sub>  
Irregular  
shift/on-call

<sub>6</sub>  
Rotating shifts

b. How many days per month do you work extra hours beyond your usual schedule? **[DDEMPEXT]**

days

2. How many hours of sleep do you usually get per night:

a. On weekdays or workdays? **[DDSLPWKD]**

hours

b. On weekends? **[DDSLPWKE]**

hours

3. How many minutes does it usually take for you to fall asleep at bedtime? **[DDSLEEP]**

minutes

4. How many minutes of wake time (waking up in the middle of the night) do you have during a typical night's sleep? **[DDWAKE]**

minutes

**Continued on next page**

-

Release Participant ID

[RELEASEID]

Visit **[VISIT]**

**Questions 5 and 6 (below) refer to the times you get in and out of bed to sleep, not including naps.**

5. Not including naps, what time do you usually go to bed:

	Hour	Minute	AM	PM
a. On weekdays or workdays? <b>[DDBEDWKDTM], [DDBEDWKDAP]</b>	<input type="text"/>	<input type="text"/> :	<input type="text"/>	<input type="text"/>
b. On weekends? <b>[DDBEDWKETM], [DDBEDWKEAP]</b>	<input type="text"/>	<input type="text"/> :	<input type="text"/>	<input type="text"/>

6. Not including naps, what time do you usually wake up:

	Hour	Minute	AM	PM
a. On weekdays or workdays? <b>[DDWAKWKDTM1], [DDWAKWKDAP1]</b> <b>SAS FORMAT TIME5 .</b>	<input type="text"/>	<input type="text"/> :	<input type="text"/>	<input type="text"/>
b. On weekends? <b>[DDWAKWKETM1], [DDWAKWKEAP1]</b> <b>SAS FORMAT TIME5 .</b>	<input type="text"/>	<input type="text"/> :	<input type="text"/>	<input type="text"/>

7. During a usual week, how many times do you nap for 5 minutes or more? **[DDNAP]**

<sub>0</sub>  
None

<sub>1</sub>  
1 or more times

**Continued on next page**

□□ - □□□□

Release Participant ID

[RELEASEID]

□□□□

Visit **[VISIT]**

**Sleepiness**

8. Based on your experience in the last 4 weeks, what is the chance that you would doze off or fall asleep (not just “feel tired”) in the following situations? *(Check one box for each situation. If you are never or rarely in the situation, please give your best guess for what would happen.)*

	No Chance	Slight Chance	Moderate Chance	High Chance
a. Sitting and reading: <b>[DDREAD]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Watching TV: <b>[DDTV]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Sitting inactive in a public place (such as a theater or a meeting): <b>[DDINACT]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Riding as a passenger in a car for an hour without a break: <b>[DDRIDE]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Lying down to rest in the afternoon when circumstances permit: <b>[DDLIE]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Sitting and talking to someone: <b>[DDTALK]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Sitting quietly after a lunch without alcohol: <b>[DDLUNCH]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. In a car, while stopped for a few minutes in traffic: <b>[DDCAR]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. While driving: <b>[DDDRIVE]</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Continued on next page**

-    

Release Participant ID

[RELEASEID]

   
Visit **[VISIT]****Snoring and Sleep Apnea**

**Questions 9 to 13 ask about snoring and sleep apnea in the last 4 weeks. Please check *one* of the answers for each question.**

9. In the last 4 weeks, have you snored? **[DDSNR]**

<sub>1</sub>

Yes

<sub>0</sub>

No

<sub>9</sub>

Don't know

**If Yes,**

a. In the last 4 weeks, your snoring has been: **[DDSNRVOL]**

<sub>1</sub>
Slightly louder than  
breathing
<sub>2</sub>

As loud as talking

<sub>3</sub>

Louder than talking

<sub>4</sub>
Very loud-can be heard  
in adjacent rooms

b. In the last 4 weeks, how often have you snored? **[DDSNRTM]**

<sub>1</sub>

Nearly every day

<sub>2</sub>

3-4 times a week

<sub>3</sub>

1-2 times a week

<sub>4</sub>

1-2 times a month

c. In the last 4 weeks, has your snoring ever bothered other people? **[DDSNRBOTH]**

<sub>1</sub>

Yes

<sub>0</sub>

No

<sub>9</sub>

Don't know

10. In the last 4 weeks, has anyone noticed that you quit breathing during your sleep? **[DDQUIT]**

<sub>1</sub>

Nearly every day

<sub>2</sub>

3-4 times a week

<sub>3</sub>

1-2 times a week

<sub>4</sub>

1-2 times a month

<sub>5</sub>

Never

11. In the last 4 weeks, how often have you felt tired or fatigued after your sleep? **[DDTIRED]**

<sub>1</sub>

Nearly every day

<sub>2</sub>

3-4 times a week

<sub>3</sub>

1-2 times a week

<sub>4</sub>

1-2 times a month

<sub>5</sub>

Never

12. During your waking time, in the last 4 weeks, have you felt tired, fatigued or not up to par?  
**[DDWAKTIRE]**

<sub>1</sub>

Nearly every day

<sub>2</sub>

3-4 times a week

<sub>3</sub>

1-2 times a week

<sub>4</sub>

1-2 times a month

<sub>5</sub>

Never

**Continued on next page**

-

Release Participant ID

[RELEASEID]

Visit **[VISIT]**

13. In the last 4 weeks, have you ever nodded off or fallen asleep while driving a vehicle? **[DDSLPDRV]**

<sub>1</sub>

Yes

<sub>0</sub>

No

**If Yes,**

a. In the last 4 weeks, how often has this occurred? **[DDSLPDRVTM]**

<sub>1</sub>

Nearly every day

<sub>2</sub>

3-4 times a week

<sub>3</sub>

1-2 times a week

<sub>4</sub>

1-2 times a month

**Diagnoses**

14. Have you ever been told by a doctor or other health professionals that you have any of the following?  
(Select one response for each item)

a. Sleep apnea or obstructive sleep apnea:

**[DDAPNEA]**

Yes

<sub>1</sub>

No

<sub>0</sub>

Don't know

<sub>9</sub>

b. Insomnia: **[DDINSOM]**

<sub>1</sub>

<sub>0</sub>

<sub>9</sub>

c. Restless legs: **[DDLEGS]**

<sub>1</sub>

<sub>0</sub>

<sub>9</sub>

15. Do you use a CPAP or other breathing machine when you sleep? (Examples of other breathing machines include BiPAP® and VPAP™ machines. A simple humidifier would not count as a “yes” answer.) **[DDCPAP]**

<sub>1</sub>

Yes

<sub>0</sub>

No

<sub>9</sub>

Don't know

Calculated Scoring Variables:

Berlin Sleep Questionnaire: Risk of Sleep Apnea **[APNEARSK]**

<sub>1</sub>

High Risk

<sub>0</sub>

Low Risk

Epworth Daytime Sleepiness **[EPCAT]**

<sub>1</sub>

Daytime sleepiness

<sub>0</sub>

No daytime sleepiness