Sleep Questionnaire Version 1

Participant ID:

{pid} {varchar 9}

Date of Visit:

{d_form} {datetime 8,3}

Acrostic:

{acrostic} {varchar 6}

Administered By:

{compby} {varchar 5}

Visit Code:

{visit_code} {varchar 4}

Barcode:

{barcode} {varchar 10}

INSTRUCTIONS: Enter the response given by the participant for each question. The standard missing value "=", is allowed for cases where items permanently missing or the response "don't know/refused" is not listed as an option.

The following two questions refer to the times you get in and out of bed in order to sleep (not including naps).

1. What time do you usually go to bed:

a. On weekdays or work days?

{weekdays_hr_sleep} {int 4} : {weekdays_min_sleep} {int 4}

{weekdays_sleep_ampm} {int 4}

()
(1) AM
(2) PM

b. On weekends, or days off?

{weekends_hr_sleep} {int 4} : {weekends_min_sleep} {int 4}

{weekends_sleep_ampm} {int 4}

()
(1) AM
(2) PM

2. What time do you usually wake up:

a. On weekdays or work days?

{weekdays_hr_wake} {int 4} : {weekdays_min_wake} {int 4}

{weekdays_wake_ampm} {int 4}

()
(1) AM
(2) PM

b. On weekends, or days off?

{weekends_hr_wake} {int 4} : {weekends_min_wake} {int 4}

{weekends_wake_ampm} {int 4}

()
(1) AM
(2) PM

3. On average, how many hours of sleep do you get a night?

{hoursofsleep} {int 4}

4. During a usual week, how many times do you nap for 15 minutes or more?

{week_naps} {int 4}

()
(0) None
(1) 1 or more times

5. Overall, was your typical night's sleep during the past 4 weeks:

{typical_sleep} {int 4}

()
(0) Very sound or restful
(1) Sound and restful
(2) Average quality

(3) Restless
(4) Very restless

The next questions ask about your sleep habits. Please choose one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks.

6. Did you have trouble falling asleep?

{trouble_fall} {int 4}

()
(1) No, not in the past 4 weeks
(2) Yes, less than once a week
(3) Yes, 1 or 2 times a week
(4) Yes, 3 or 4 times a week
(5) Yes, 5 or more times a week

7. Did you wake up several times a night?

{wake_night} {int 4}

()
(1) No, not in the past 4 weeks
(2) Yes, less than once a week
(3) Yes, 1 or 2 times a week
(4) Yes, 3 or 4 times a week
(5) Yes, 5 or more times a week

8. Did you wake up earlier than you planned to?

{wake_early} {int 4}

()
(1) No, not in the past 4 weeks
(2) Yes, less than once a week
(3) Yes, 1 or 2 times a week
(4) Yes, 3 or 4 times a week
(5) Yes, 5 or more times a week

9. Did you have trouble getting back to sleep after you woke up too early?

{trouble_back} {int 4}

()
(1) No, not in the past 4 weeks

(2) Yes, less than once a week
(3) Yes, 1 or 2 times a week
(4) Yes, 3 or 4 times a week
(5) Yes, 5 or more times a week

10. Did you take sleeping pills to help you sleep?

{sleep_pills} {int 4}

()
(1) No, not in the past 4 weeks
(2) Yes, less than once a week
(3) Yes, 1 or 2 times a week
(4) Yes, 3 or 4 times a week
(5) Yes, 5 or more times a week

11. Did you have sleep difficulties that made you very irritable?

{irritable} {int 4}

()
(1) No, not in the past 4 weeks
(2) Yes, less than once a week
(3) Yes, 1 or 2 times a week
(4) Yes, 3 or 4 times a week
(5) Yes, 5 or more times a week

12. Did you feel overly sleepy during the day?

{overly_sleepy} {int 4}

()
(1) No, not in the past 4 weeks
(2) Yes, less than once a week
(3) Yes, 1 or 2 times a week
(4) Yes, 3 or 4 times a week
(5) Yes, 5 or more times a week

13. Over the past 4 weeks, how often have you snored? (Mark only one)

{snored} {int 4}

()
(1) Never
(2) Rarely (1-2 nights a week)
(3) Sometimes (3-5 nights a week
(4) Always or almost always (6-7 nights a week)

(9) Don't Know

14.

Over the past 4 weeks, how often do you have times when you stop breathing during your sleep?

{stop_breathing} {int 4}

()
(1) Never
(2) Rarely (1-2 nights a week)
(3) Sometimes (3-5 nights a week
(4) Always or almost always (6-7 nights a week)
(9) Don't Know

15.

Do you ever experience a desire to move your legs because of discomfort or disagreeable sensations in your legs?

{move_legs} {int 4}

()
(2) No
(1) Yes
(9) Don't know

If YES:

a

Do you sometimes feel the need to move to relieve the discomfort, for example by walking, or by rubbing your legs?

{rubbing} {int 4}

()
(2) No
(1) Yes
(9) Don't know

b Are these symptoms worse when you are at rest, with at least temporary relief by activity?

{worse_rest} {int 4}

()
(2) No
(1) Yes
(9) Don't know

c Are these symptoms worse later in the day or at night?

{worse_night} {int 4}

()
(2) No

(1) Yes
(9) Don't know

16.

Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?

{getup} {int 4}

()
(1) 5:00 - 6:30 am
(2) 6:30 am - 7:45 am
(3) 7:45 am - 9:45 am
(4) 9:45 am - 11:00 am
(5) 11:00 am - noon

17. At what time in the evening do you feel most tired and, as a result, most in need of sleep?

{most_tired} {int 4}

()
(1) 8:00 - 9:00 pm
(2) 9:00 - 10:15 pm
(3) 10:15 pm - 12:45 am
(4) 12:45 - 2:00 am
(5) 2:00 am - 3:00 am

18. At what time of the day do you think that you reach your "feeling best" peak?

{feel_best} {int 4}

()
(1) 5:00 - 8:00 am
(2) 8:00 - 10:00 am
(3) 10:00 am - 5:00 pm
(4) 5:00 - 10:00 pm
(5) 10:00 pm - 5:00 am

19.

One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?

{type_people} {int 4}

()
(1) Definitely a morning type

(2) Rather more a morning than an evening type
(3) Rather more an evening than a morning type
(4) Definitely an evening type

20. Have you been told by a doctor that you have any of the following:

a. Sleep Apnea (or obstructive sleep apnea, OSA)?

{sleep_apnea} {int 4}

()
(2) No
(1) Yes

If YES: Did you receive treatment for sleep apnea with any of the following?

{cpap} {int 4} ☐ **CPAP or BIPAP machine**

{dental} {int 4} ☐ **Dental (oral) device**

{throat} {int 4} ☐ **Throat/Uvula surgery**

b. Insomnia?

{insomnia} {int 4}

()
(2) No
(1) Yes

c. Restless Legs?

{restless} {int 4}

()
(2) No
(1) Yes

Sleep Questionnaire

PID: ☐☐☐☐☐☐☐☐☐

ACROSTIC: ☐☐☐☐☐☐

VISIT: ☐☐☐☐

DATE of VISIT: ☐☐ / ☐☐ / 20☐☐

ADMINISTERED BY: ☐☐☐☐☐

123456789

The following **two questions** refer to the times you get in and out of bed in order to sleep (not including naps).

1. What time do you usually go to bed:
   a. On weekdays or work days? ☐☐ : ☐☐ ☐ AM ☐ PM
   b. On weekends, or days off? ☐☐ : ☐☐ ☐ AM ☐ PM

2. What time do you usually wake up:
   a. On weekdays or work days? ☐☐ : ☐☐ ☐ AM ☐ PM
   b. On weekends, or days off? ☐☐ : ☐☐ ☐ AM ☐ PM

3. On average, how many hours of sleep do you get a night?
   ☐☐ hrs

4. During a usual week, how many times do you nap for 15 minutes or more?
   - ☐ None
   - ☐ I or more times

5. Overall, was your typical night's sleep during the past 4 weeks:
   - ☐ Very sound or restful
   - ☐ Sound and restful
   - ☐ Average quality
   - ☐ Restless
   - ☐ Very restless

The next questions ask about your sleep habits. Please choose one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the **past 4 weeks**.

		No, not in the past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
6.	Did you have trouble falling asleep?	☐	☐	☐	☐	☐
7.	Did you wake up several times a night?	☐	☐	☐	☐	☐
8.	Did you wake up earlier than you planned to?	☐	☐	☐	☐	☐
9.	Did you have trouble getting back to sleep after you woke up too early?	☐	☐	☐	☐	☐
10.	Did you take sleeping pills to help you sleep?	☐	☐	☐	☐	☐
11.	Did you have sleep difficulties that made you very irritable?	☐	☐	☐	☐	☐
12.	Did you feel overly sleepy during the day?	☐	☐	☐	☐	☐

13. Over the **past 4 weeks**, how often have you snored? (Mark only one)

- ☐ Never
- ☐ Rarely (1-2 nights a week)
- ☐ Sometimes (3-5 nights a week
- ☐ Always or almost always (6-7 nights a week)
- ☐ Don't Know

14. Over the **past 4 weeks**, how often do you have times when you stop breathing during your sleep?

- ☐ Never
- ☐ Rarely (1-2 nights a week)
- ☐ Sometimes (3-5 nights a week
- ☐ Always or almost always (6-7 nights a week)
- ☐ Don't Know

15. Do you ever experience a desire to move your legs because of discomfort or disagreeable sensations in your legs?

- ☐ No
- ☐ Yes
- ☐ Don't know

➔**If YES:**		No	Yes	Don't know
a.	Do you sometimes feel the need to move to relieve the discomfort, for example by walking, or by rubbing your legs?	☐	☐	☐
b.	Are these symptoms worse when you are at rest, with at least temporary relief by activity?	☐	☐	☐
c.	Are these symptoms worse later in the day or at night?	☐	☐	☐

16. Considering only your own "**feeling best**" rhythm, at what time would you get up if you were entirely free to plan your day?

- ☐ 5:00 - 6:30 am
- ☐ 6:30 am - 7:45 am
- ☐ 7:45 am - 9:45 am
- ☐ 9:45 am - 11:00 am
- ☐ 11:00 am - noon

17. At what time in the evening do you feel most tired and, as a result, most in need of sleep?

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- ☐ 9:00 - 10:15 pm
- ☐ 10:15 pm - 12:45 am
- ☐ 12:45 - 2:00 am
- ☐ 2:00 am - 3:00 am

18. At what time of the day do you think that you reach your "feeling best" peak?

- ☐ 5:00 - 8:00 am
- ☐ 8:00 - 10:00 am
- ☐ 10:00 am - 5:00 pm
- ☐ 5:00 - 10:00 pm
- ☐ 10:00 pm - 5:00 am

19. One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?

- ☐ Definitely a "morning" type
- ☐ Rather more a "morning" than an "evening" type
- ☐ Rather more an "evening" than a "morning" type
- ☐ Definitely an "evening" type

20. Have you been told by a doctor that you have any of the following:

a.	Sleep Apnea (or obstructive sleep apnea, OSA)?	☐ No	☐ Yes
	➔ **If YES:**		
	Did you receive treatment for sleep apnea with any of the following?		
	☐ CPAP or BIPAP machine ☐ Dental (oral) device ☐ Throat/Uvula surgery		
b.	Insomnia?	☐ No	☐ Yes
c.	Restless Legs?	☐ No	☐ Yes