

10/30/06

Questionnaire: SP

**SLEEP DISORDERS – SLQ**

**Target Group: 16+**

SLQ.010      The next set of questions is about {your/SP's} sleeping habits.  
H/M

How much sleep {do you/does SP} usually get at night on weekdays or workdays?

INTERVIEWER INSTRUCTION: IF RESPONDENT SLEEPS FOR ONLY VERY SHORT PERIODS OF TIME, ASK HIM/HER TO ESTIMATE ON AVERAGE THE TOTAL NUMBER OF HOURS THAT THEY GENERALLY SLEEP AT NIGHT.

\_\_\_\_\_  
ENTER HOURS

CAPI INSTRUCTION: HARD EDIT: HOURS MUST EQUAL 0-24.

REFUSED ..... 777  
DON'T KNOW ..... 999

SLQ.021G      How long does it usually take {you/SP} to fall asleep at bedtime?

ENTER MINUTES 0-59 ..... 1  
ONE HOUR OR MORE ..... 2 (SLQ.030)  
REFUSED ..... 777 (SLQ.030)  
DON'T KNOW ..... 999 (SLQ.030)

CAPI INSTRUCTION:  
GATE QUESTION.

SLQ.021M      How long does it usually take {you/SP} to fall asleep at bedtime?

\_\_\_\_\_  
ENTER MINUTES 0-59

CAPI INSTRUCTION:  
HARD EDIT: MINUTES MUST EQUAL 0-59.

SLQ.030      **In the past 12 months**, how often did {you/SP} snore while {you were/s/he was} sleeping?

INTERVIEWER INSTRUCTION: IF R SAYS "DON'T KNOW", PROBE IF ANYONE HAS TOLD THEM THAT THEY SNORE.

Never ..... 0  
Rarely (1-2 nights/week) ..... 1  
Occasionally (3-4 nights/week) ..... 2  
Frequently (5 or more nights/week) ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

SLQ.040 **In the past 12 months**, how often did {you/SP} snort, gasp, or stop breathing while {you were/s/he was} asleep?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT ASKS "HOW WOULD I KNOW IF I SNORT, GASP OR STOP BREATHING WHEN I AM SLEEPING? PROBE IF ANYONE TOLD THEM THAT THEY DO THIS.

- Never ..... 0
- Rarely (1-2 nights/week)..... 1
- Occasionally (3-4 nights/week) ..... 2
- Frequently (5 or more nights/week) ..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.050 {Have **you**/Has SP} **ever told** a doctor or other health professional that {you have/s/he has} trouble sleeping?

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.060 {Have **you**/Has SP} **ever been told** by a doctor or other health professional that {you have/s/he has} a sleep disorder?

- YES ..... 1
- NO ..... 2 (SLQ.080)
- REFUSED ..... 7 (SLQ.080)
- DON'T KNOW ..... 9 (SLQ.080)

SLQ.070 What was the sleep disorder?

CODE ALL THAT APPLY.

- SLEEP APNEA..... 1
- INSOMNIA..... 2
- RESTLESS LEGS ..... 3
- OTHER..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.080 This next set of questions is about {your/SP's} sleeping habits **in the past month**.

In the past month, how often did {you/SP} have trouble falling asleep?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.090 [In the past month, how often did {you/SP}] wake up during the night and had trouble getting back to sleep?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.100 [In the past month, how often did {you/SP}] wake up too early in the morning and {were/was} unable to get back to sleep?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.110 [In the past month, how often did {you/SP}] feel unrested during the day, no matter how many hours of sleep {you have/s/he has} had?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.120 [In the past month, how often did {you/SP}] feel excessively or overly sleepy during the day?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.130 [In the past month, how often did {you/SP}] not get enough sleep?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.140 [In the past month, how often did {you/SP}] take sleeping pills or other medication to help {you/him/her} sleep?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.150 [In the past month, how often did {you/SP}] have leg jerks while trying to sleep?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.160 [In the past month, how often did {you/SP}] have leg cramps while trying to sleep?

HAND CARD SLQ1

- NEVER ..... 0
- RARELY – 1 TIME A MONTH ..... 1
- SOMETIMES – 2-4 TIMES A MONTH ..... 2
- OFTEN – 5-15 TIMES A MONTH..... 3
- ALMOST ALWAYS – 16-30 TIMES A MONTH ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.170 The purpose of this next set of questions is to find out if {you generally have/SP generally has} difficulty carrying out certain activities because {you are/s/he is} too sleepy or tired. When the words “sleepy” or “tired” are used, it means the feeling that {you/s/he} can’t keep {your/his/her} eyes open, {your/his/her} head is droopy, that {you/s/he} want to “nod off” or that {you feel/s/he feels} the urge to take a nap. The words do not refer to the tired or fatigued feeling {you/she} may have after {you have/s/he has} exercised.

{Do you/Does SP} have difficulty concentrating on the things {you do/s/he does} because {you feel/s/he feels} sleepy or tired?

HAND CARD SLQ2

- DON'T DO THIS ACTIVITY FOR OTHER REASONS..... 1
- NO DIFFICULTY ..... 2
- YES, A LITTLE DIFFICULTY ..... 3
- YES, MODERATE DIFFICULTY ..... 4
- YES, EXTREME DIFFICULTY ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.180 {Do you/Does SP} generally have difficulty remembering things, because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

- DON'T DO THIS ACTIVITY FOR OTHER REASONS..... 1
- NO DIFFICULTY ..... 2
- YES, A LITTLE DIFFICULTY ..... 3
- YES, MODERATE DIFFICULTY ..... 4
- YES, EXTREME DIFFICULTY ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.190 {Do you/Does SP} have difficulty finishing a meal because {you become/s/he becomes} sleepy or tired?

HAND CARD SLQ2

- DON'T DO THIS ACTIVITY FOR OTHER REASONS..... 1
- NO DIFFICULTY ..... 2
- YES, A LITTLE DIFFICULTY ..... 3
- YES, MODERATE DIFFICULTY ..... 4
- YES, EXTREME DIFFICULTY ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.200 {Do you/Does SP} have difficulty working on a hobby, for example, sewing, collecting, gardening, because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

- DON'T DO THIS ACTIVITY FOR OTHER REASONS..... 1
- NO DIFFICULTY ..... 2
- YES, A LITTLE DIFFICULTY ..... 3
- YES, MODERATE DIFFICULTY ..... 4
- YES, EXTREME DIFFICULTY ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.210 {Do you/Does SP} have difficulty getting things done because {you are/s/he is} too sleepy or tired to drive or take public transportation?

HAND CARD SLQ2

- DON'T DO THIS ACTIVITY FOR OTHER REASONS..... 1
- NO DIFFICULTY ..... 2
- YES, A LITTLE DIFFICULTY ..... 3
- YES, MODERATE DIFFICULTY ..... 4
- YES, EXTREME DIFFICULTY ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.220 {Do you/Does SP} have difficulty taking care of financial affairs and doing paperwork (for example, paying bills or keeping financial records) because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

CAP I INSTRUCTION:

DISPLAY IF AGE 16-19: "{Do you/Does s/he} have difficulty doing **homework** or paperwork, for example paying bills or keeping financial records, because {you are/s/he is} sleepy or tired?"

- DON'T DO THIS ACTIVITY FOR OTHER REASONS..... 1
- NO DIFFICULTY ..... 2
- YES, A LITTLE DIFFICULTY ..... 3
- YES, MODERATE DIFFICULTY ..... 4
- YES, EXTREME DIFFICULTY ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.230 {Do you/Does SP} have difficulty performing employed or volunteer work because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

CAPI INSTRUCTION:

DISPLAY IF SP AGE 16-19: "{Do you/Does SP} have difficulty performing employed or volunteer work **or attending school** because {you are/s/he is} sleepy or tired?"

- DON'T DO THIS ACTIVITY FOR OTHER REASONS..... 1
- NO DIFFICULTY ..... 2
- YES, A LITTLE DIFFICULTY ..... 3
- YES, MODERATE DIFFICULTY ..... 4
- YES, EXTREME DIFFICULTY ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

SLQ.240 {Do you/Does SP} have difficulty maintaining a telephone conversation because {you become/s/he becomes} sleepy or tired?

HAND CARD SLQ2

- DON'T DO THIS ACTIVITY FOR OTHER REASONS..... 1
- NO DIFFICULTY ..... 2
- YES, A LITTLE DIFFICULTY ..... 3
- YES, MODERATE DIFFICULTY ..... 4
- YES, EXTREME DIFFICULTY ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9