SLQ 300  The next set of questions is about (your/SP's) sleeping habits. The first two questions refer to the times (you get/SP gets) in and out of bed in order to sleep, not including naps.

What time {do you/does SP} usually go to sleep on weekdays or workdays?

|   | ENTER AM OR PM
HH MM

INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE "MIDNIGHT" CODE AS 12:00 AM.

REFUSED................................. 77777777
DON'T KNOW............................. 99999999

SLQ 310  What time {do you/does SP} usually wake up on weekdays or workdays?

|   | ENTER AM OR PM
HH MM

INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM.

REFUSED................................. 77777777
DON'T KNOW............................. 99999999

CAPI INSTRUCTION:
SOFT EDIT: LESS THAN 4 HOURS OR MORE THAN 12 HOURS OF TOTAL SLEEP. IF SLQ 300 OR 310 IS DK OR RF, DO NOT APPLY SOFT EDIT.
ERROR MESSAGE: PLEASE VERIFY SLEEP TIMES OF LESS THAN 4 HOURS OR MORE THAN 12 HOURS.

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 a week, ........................... 1
Occasionally – 3-4 nights a week, or .......... 2
Frequently – 5 or more nights a 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 a week, ...........................  1
- Occasionally – 3-4 nights a week, or ..........  2
- Frequently – 5 or more nights a 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.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 ...
- MONTH ......................................................  4
- REFUSED................................................  7
- DON’T KNOW..........................................  9