

SLEEP DISORDERS – SLQ

Target Group: 16+

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..... 7777777
 DON'T KNOW..... 9999999

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..... 7777777
 DON'T KNOW..... 9999999

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 4
- REFUSED..... 7
- DON'T KNOW..... 9