NHANES 2017

10/3/16 Questionnaire:SP

SLEEP DISORDERS – SLQ Target Group: 16+

SLQ.300	The next set of questions is about {your/SP's} sleep and work behavior.
	What time {do you/does SP} usually fall asleep on weekdays or workdays?
	_ : ENTER AM OR PM HH MM
	INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE "MIDNIGHT" CODE AS 12:00 AM .
	REFUSED
SLQ.310	What time {do you/does SP} usually wake up on weekdays or workdays?
	: ENTER AM OR PM HH MM
	INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED. ENTER TIME AS HH:MM AM OR PM.
	REFUSED
	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.320	What time {do you/does SP} usually fall asleep on weekends or non-workdays?
	_ : ENTER AM OR PM HH MM
	INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED. INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE "MIDNIGHT" CODE AS 12:00 AM.
	INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT FALLS ASLEEP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS SLQ.300.
	REFUSED 77777777

DON'T KNOW 99999999

SLQ.330	What time {do you/does SP} usually wake up on weekends or non-workdays?					
_ : ENTER AM OR PM HH MM						
		ON: THIS IS NOT THE TIME SP GETS O ON: ENTER TIME AS HH:MM AM OR PM				
		REFUSED DON'T KNOW				
	INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME RESPONDENT WAKES UP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS					
	IS DK OR RF, DO NOT APPI	HOURS OR MORE THAN 12 HOURS O LY SOFT EDIT. E VERIFY SLEEP TIMES OF LESS T				
SLQ.030	LQ.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,				
SLQ.040	In the past 12 months, how asleep?	v often did {you/SP} snort, gasp, or sto	p breathing while {you were/s/he was}			
	INTERVIEWER INSTRUCTION: IF THE RESPONDENT ASKS "HOW WOULD I KNOW IF I SNORT, GA OR STOP BREATHING WHEN I AM SLEEPING? PROBE IF ANYONE TOLD THEM THAT THEY DO TH					
		Never,				
SLQ.050	{Have you/Has SP} ever tolo	a doctor or other health professional tha	at {you have/s/he has} trouble sleeping?			
		YES NO REFUSED DON'T KNOW	2 7			

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