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 .......................................... 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: THIS IS NOT THE TIME SP GETS OUT OF BED. 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.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?

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<td>HH</td>
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INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED.
INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM.

REFUSED .......................................... 77777777
DON’T KNOW ........................................ 99999999

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT WAKES UP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS SLQ.310.

CAPI INSTRUCTION:
SOFT EDIT: LESS THAN 4 HOURS OR MORE THAN 12 HOURS OF TOTAL SLEEP. IF SLQ.320 OR 330 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