

**SLEEP DISORDERS – SLQ**  
**Target Group: 16+**

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

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ENTER HOURS

CAPI INSTRUCTION: HARD EDIT: HOURS MUST EQUAL 1-24.

REFUSED ..... 77  
DON'T KNOW ..... 99

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