

SECTION 5: SLEEP SUPPLEMENT

Next, you will be asked a series of questions related to your usual sleep habits during **the past two weeks**. Your answers should indicate the most accurate reply for the majority of days and nights.

S1. During the past two weeks,	No	Yes	If Yes:	Mild	Moderate	Severe	Very Severe
a. Have you had difficulty falling asleep?	<input type="radio"/>	<input type="radio"/>	How severe is this problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you had difficulty staying asleep?	<input type="radio"/>	<input type="radio"/>	How severe is this problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you had a problem waking up too early?	<input type="radio"/>	<input type="radio"/>	How severe is this problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S2. If Yes to Sleep Health a, b or c above; Did these problems occur at least 3 times per week?

Yes

No

S3. During the past two weeks,	Not at all	A little	Some-what	Much	Very much
a. To what extent have you considered your sleep problem to interfere with your daily functioning (such as daytime fatigue, your mood or your memory)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>How noticeable to others</u> do you think your sleeping problem is in terms of impairing the quality of your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How worried or distressed are you about your current sleep problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S4. How satisfied or dissatisfied have you been with your sleep patterns?

Very Satisfied

Mildly Satisfied

Very Dissatisfied

Satisfied

Dissatisfied

The next set of questions will ask about your sleep over **the past week only**. Your answers should indicate the most accurate reply for the majority of days and nights in the past week.

S5. During the past week, what time did you usually go to bed at night? (that is, turn off the lights and try to go to sleep for the night)?

Time: _____ am/ pm

S6. During the past week, how long (in minutes) did it usually take you to fall asleep each night?

Minutes to fall asleep: _____

S7. During the past week, when have you usually gotten up (out of bed) in the morning? (That is, get out of bed for the day?)

Time: _____ am/ pm

S8. During the past week, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed).

Hours of sleep each night: _____

S9. During the past week, how often did you have trouble sleeping because you...	Not at all	Once a week	Twice a week	3 times or more a week	Don't know
a. Could not get to sleep within 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Woke up in the middle of the night or early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had to use the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Could not breathe comfortably	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Coughed or sneezed loudly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Felt too cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Felt too hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Had bad dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Heard noises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other reason(s); Please describe: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. During the past week , how often did you take medicine (prescribed or "over the counter") to help you sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. During the past week , how often did you have trouble staying awake while eating meals, or engaging in social activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions will ask about your sleep over **the past week only**. Your answers should indicate the most accurate reply for the majority of days and nights in the past week.

S10. During the past week, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

- No Problem Somewhat Don't know
 Very slight Very big

S11. During the past week, how would you rate your sleep quality overall?

- Very good Fairly bad
 Fairly good Very bad

S12. Does anyone sleep in the same room as you?

- Yes No

S13. Does anyone sleep in the same bed as you?

- Yes No

Next, we would like to know how likely you are to doze off or fall asleep if you were in the following situations. This is in contrast to feeling just tired. Even if you did not do some of these things recently, try to think how they would have affected you.

S14. During the past week, how likely were you to have dozed off while you were...	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
a. Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sitting, inactive in a public place (e.g., a theater or a meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. As a passenger in a car for an hour without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Lying down to rest in the afternoon when circumstances permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sitting quietly after a lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. In a car driving, while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THIS PAGE DELIBERATELY
LEFT BLANK**