Multi-Ethnic Study of Atherosclerosis
Exam 4

Sleep History

Self-Administered

Participant Id#:

Acrostic:

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

The following questions are about your sleep. Please consider both what others have told you about your sleep and what you know yourself. If you have any questions, please ask a MESA staff member.

1. How much sleep do you usually get at night (or your main sleep period) on weekdays or workdays? ☐☐ *hours*

2. How long does it usually take you to fall asleep at bedtime? ☐☐ *hours* ***(1 = 1 hour or less)***

3. In the past 12 months, how often do you snore while you are sleeping? *(select one answer)*

- ○ Never
- ○ Rarely (1 to 2 nights a week)
- ○ Occasionally (3-4 nights a week)
- ○ Frequently (5 or more nights a week)
- ○ Don't know

4. In the past 12 months, how often do you snort, gasp, or stop breathing while you are asleep? *(select one answer)*

- ○ Never
- ○ Rarely (1 to 2 nights a week)
- ○ Occasionally (3-4 nights a week)
- ○ Frequently (5 or more nights a week)
- ○ Don't know

5. Please indicate how often in the past month you experienced each of the following. *(mark one answer for each item)*

	NEVER (0)	**RARELY** (Once per month or less)	**SOMETIMES** (2-4 times per month)	**OFTEN** (5-15 times per month)	**ALMOST ALWAYS** (16-30 times per month)
a. Have trouble falling asleep	○	○	○	○	○
b. Wake up during the night and have difficulty getting back to sleep	○	○	○	○	○
c. Wake up too early in the morning and be unable to get back to sleep	○	○	○	○	○
d. Feel excessively (overly) sleepy during the day.	○	○	○	○	○

6. What is the chance that you would doze off or fall asleep (not just "feel tired") in each of the following situations? *(Select one answer for each situation. If you are never or rarely in the situation, please give your best guess for what would happen.)*

	NO CHANCE	SLIGHT CHANCE	MODERATE CHANCE	HIGH CHANCE
a. Sitting and reading	O	O	O	O
b. Watching TV	O	O	O	O
c. Sitting inactive in a public place (such as a theater or a meeting)	O	O	O	O
d. Riding as a passenger in a car for an hour without a break	O	O	O	O
e. Lying down to rest in the afternoon when circumstances permit	O	O	O	O
f. Sitting and talking to someone	O	O	O	O
g. Sitting quietly after lunch without alcohol	O	O	O	O
h. In a car, while stopped for a few minutes in traffic	O	O	O	O
i. At the dinner table	O	O	O	O
j. While driving	O	O	O	O

7. Have you ever been told by a doctor or other health professional that you have any of the following? *(Select one response for each item)*

	NO	YES	DON'T KNOW
a. Sleep apnea or obstructive sleep apnea	O	O	O
b. Insomnia	O	O	O
c. Restless legs	O	O	O

For MESA Field Center Use Only: Completed by: O Self-Administered O Interviewer-Administered

Interviewer ID: ☐☐☐ Reviewer ID: ☐☐☐ Data Entry ID: ☐☐☐