

Multi-Ethnic Study of Atherosclerosis



Sleep Questionnaire

Participant Id#:

Acrostic:

Staff ID:

/ /

Completion Date

INSTRUCTIONS: Enter the response given by the participant for each question. The standard missing value, "=", is allowed for cases where items are permanently missing or the response "don't know/refused" is not listed as an option.

The following **two questions** refer to the times you get in and out of bed in order to sleep (not including naps).

1. What time do you usually go to bed:

- | | | | | |
|--|---|---|-----------------------|-----------------------|
| | <u>hr</u> | <u>min</u> | <u>am</u> | <u>pm</u> |
| a. On weekdays or work or school days? | <input type="text"/> <input type="text"/> | : <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| b. On weekends, or days off? | <input type="text"/> <input type="text"/> | : <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> |

2. What time do you usually wake up:

- | | | | | |
|--|---|---|-----------------------|-----------------------|
| a. On weekdays or work or school days? | <input type="text"/> <input type="text"/> | : <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| b. On weekends, or days off? | <input type="text"/> <input type="text"/> | : <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> |

3. During a usual week, how many times do you nap for 5 minutes or more?

- None
- 1 or more times

The next questions ask about your sleep habits. Please choose one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the **past 4 weeks**.

- | | No,
not in the
<u>past 4 weeks</u> | Yes,
less than
<u>once a week</u> | Yes,
1 or 2
<u>times a week</u> | Yes,
3 or 4
<u>times a week</u> | Yes,
5 or more
<u>times a week</u> |
|--|---|---|---------------------------------------|---------------------------------------|--|
| 4. Did you have trouble falling asleep? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Did you wake up several times a night? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Did you wake up earlier than you planned to? | <input type="radio"/> → <i>Skip to Q8</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Did you have trouble getting back to sleep after you woke up too early? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Did you take sleeping pills to help you sleep? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Did you have sleep difficulties that made you very irritable? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Did you feel overly sleepy during the day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. Overall, was your typical night's sleep during the **past 4 weeks**:

- O₀ Very sound or restful
- O₁ Sound and restful
- O₂ Average quality
- O₃ Restless
- O₄ Very restless

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

	<u>No Chance</u>	<u>Slight Chance</u>	<u>Moderate Chance</u>	<u>High Chance</u>
a. Sitting and reading	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄
b. Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sitting inactive in a public place (such as a theater or a meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Riding 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, while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. At the dinner table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. While driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Over the **past 4 weeks**, how often have you snored? *(Mark only one)*

- O₁ Never
- O₂ Rarely (1-2 nights a week)
- O₃ Sometimes (3-5 nights a week)
- O₄ Always or almost always (6-7 nights a week)
- O₉ Don't know

14. Over the past 4 weeks, how often do you have times when you stop breathing during your sleep?

- O₁ Never
- O₂ Rarely (1-2 nights a week)
- O₃ Sometimes (3-5 nights a week)
- O₄ Always or almost always (6-7 nights a week)
- O₉ Don't know

15. Do you ever experience a desire to move your legs because of discomfort or disagreeable sensations in your legs?

If YES:

- O₀ No
- O₁ Yes →
- O₉ Don't know

a. Do you sometimes feel the need to move to relieve the discomfort, for example by walking, or by rubbing your legs?

- O₀ No
- O₁ Yes
- O₉ Don't know

b. Are these symptoms worse when you are at rest, with at least temporary relief by activity?

- O₀ No
- O₁ Yes
- O₉ Don't know

c. Are these symptoms worse later in the day or at night?

- O₀ No
- O₁ Yes
- O₉ Don't know

16. Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?

- O₁ 5:00 - 6:30 am
- O₂ 6:30 - 7:45 am
- O₃ 7:45 - 9:45 am
- O₄ 9:45 - 11:00 am
- O₅ After 11:00 am

17. During the first half hour after having woken in the morning, how tired do you feel?

- O₁ Very tired
- O₂ Fairly tired
- O₃ Fairly refreshed
- O₄ Very refreshed

18. At what time in the evening do you feel most tired and, as a result, most in need of sleep?

- O₁ 8:00 - 9:00 pm
- O₂ 9:00 - 10:15 pm
- O₃ 10:15 - 12:45 am
- O₄ 12:45 - 2:00 am
- O₅ After 2:00 am

19. At what time of the day do you think that you reach your "feeling best" peak?

- ₁ 5:00 - 8:00 am
- ₂ 8:00 - 10:00 am
- ₃ 10:00 - 4:45 pm
- ₄ 4:45 - 9:45 pm
- ₅ After 9:45 pm

20. One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?

- ₁ Definitely a "morning" type
- ₂ Rather more a "morning" than an "evening" type
- ₃ Rather more an "evening" than a "morning" type
- ₄ Definitely an "evening" type
- ₅ NEITHER a "morning" or an "evening" type

21. Have you been told by a doctor that you have any of the following:

a. Sleep Apnea (or obstructive sleep apnea, OSA)?

₀ No

₁ Yes →

If YES:

Did you receive treatment for sleep apnea with any of the following?

- CPAP or BIPAP machine
- Dental (oral) device
- Throat/Uvula surgery

b. Insomnia? ₀ No ₁ Yes

c. Restless Legs? ₀ No ₁ Yes

22. Which of the following best describes your usual work schedule? (Mark only one)

- ₁ Day shift
- ₂ Afternoon shift
- ₃ Night shift
- ₄ Split shift
- ₅ Irregular shift/On-call
- ₆ Rotating shifts
- ₇ Don't work → *End Form*

23. How many days per month do you work extra hours beyond your usual schedule?

number of days