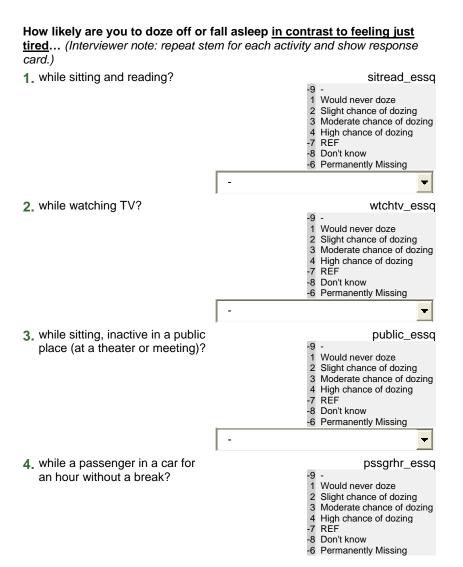
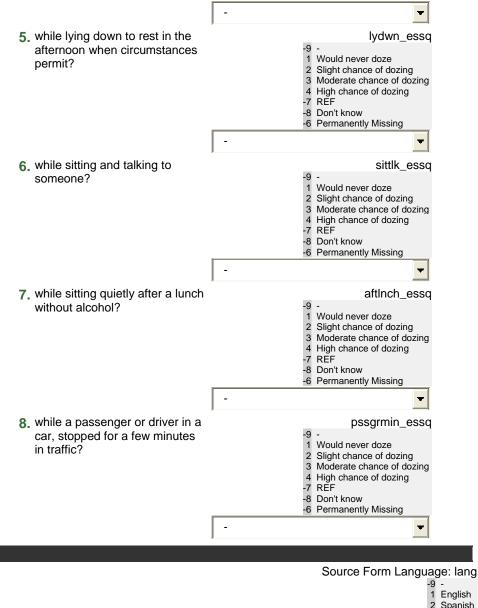
Dataset name: essq_v1.2

Participant ID pid	Acrost	Acrostic acrostic				
	Interviewer compby	Visit Code vc YYY				
	Date of Visit vis_dat	(mm/dd/yyyy)				
EPWORTH SLE	EPINESS SCA	LE (ESS)				
	CRF 1.2					
Pre-interview instructions:						

"The following questions are about daytime drowsiness. This refers to how sleepy you feel or felt in recent times. Even if you have not done some of following activities recently, think about how sleepy you would be, doing each activity."







	LIFE	Acrostic
Participant ID (affix ID label here)	Interviewer Date of Visit	Visit Code month day year

EPWORTH SLEEPINESS SCALE (ESS)

Pre-interview instructions:

"The following questions are about daytime drowsiness. This refers to how sleepy you feel or felt in recent times. Even if you have not done some of following activities recently, think about how sleepy you would be, doing each activity."

How likely are you to doze off or fall asleep <u>in contrast to feeling just</u> <u>tired</u> (Interviewer note: repeat stem for each activity and show response card.)	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing	REF	Don't Know
1. while sitting and reading?						
2. while watching TV?						
 while sitting, inactive in a public place (at a theater or meeting)? 						
4. while a passenger in a car for an hour without a break?						
 while lying down to rest in the afternoon when circumstances permit? 						
while sitting and talking to someone?						
while sitting quietly after a lunch without alcohol?						
8. while a passenger or driver in a car, stopped for a few minutes in traffic?						