

Dataset name: essq_v1.2

Participant ID pid Acrostic acrostic
Interviewer compby Visit Code vc
Date of Visit vis_dat (mm/dd/yyyy)

EPWORTH SLEEPINESS SCALE (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.”

How likely are you to doze off or fall asleep in contrast to feeling just tired... (Interviewer note: repeat stem for each activity and show response card.)

1. while sitting and reading?

sitread_essq

-9 -
1 Would never doze
2 Slight chance of dozing
3 Moderate chance of dozing
4 High chance of dozing
-7 REF
-8 Don't know
-6 Permanently Missing

-

2. while watching TV?

wtchtv_essq

-9 -
1 Would never doze
2 Slight chance of dozing
3 Moderate chance of dozing
4 High chance of dozing
-7 REF
-8 Don't know
-6 Permanently Missing

-

3. while sitting, inactive in a public place (at a theater or meeting)?

public_essq

-9 -
1 Would never doze
2 Slight chance of dozing
3 Moderate chance of dozing
4 High chance of dozing
-7 REF
-8 Don't know
-6 Permanently Missing

-

4. while a passenger in a car for an hour without a break?

pssgrhr_essq

-9 -
1 Would never doze
2 Slight chance of dozing
3 Moderate chance of dozing
4 High chance of dozing
-7 REF
-8 Don't know
-6 Permanently Missing

5. while lying down to rest in the afternoon when circumstances permit?

-

lydwn_essq

-9 -

1 Would never doze

2 Slight chance of dozing

3 Moderate chance of dozing

4 High chance of dozing

-7 REF

-8 Don't know

-6 Permanently Missing

6. while sitting and talking to someone?

-

sittlk_essq

-9 -

1 Would never doze

2 Slight chance of dozing

3 Moderate chance of dozing

4 High chance of dozing

-7 REF

-8 Don't know

-6 Permanently Missing

7. while sitting quietly after a lunch without alcohol?

-

aftlnch_essq

-9 -

1 Would never doze

2 Slight chance of dozing

3 Moderate chance of dozing

4 High chance of dozing

-7 REF

-8 Don't know

-6 Permanently Missing

8. while a passenger or driver in a car, stopped for a few minutes in traffic?

-

pssgrmin_essq

-9 -

1 Would never doze

2 Slight chance of dozing

3 Moderate chance of dozing

4 High chance of dozing

-7 REF

-8 Don't know

-6 Permanently Missing



Source Form Language: lang

-9 -

1 English

2 Spanish

-

Participant ID (affix ID label here)	LIFE	Acrostic 	Interviewer 	Visit Code
	Date of Visit 	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 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. while watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. while sitting, inactive in a public place (at a theater or meeting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. while a passenger in a car for an hour without a break?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. while lying down to rest in the afternoon when circumstances permit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. while sitting and talking to someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. while sitting quietly after a lunch without alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. while a passenger or driver in a car, stopped for a few minutes in traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>