

Sleep Questions

IN THE LAST 12 MONTHS:

33. At what time do you usually FALL ASLEEP?

AATIMSLP

____ .
____ . _____

A.M. (Midnight is 12 A.M.)

P.M.

34. How many minutes does it usually take you to fall asleep at bedtime?

AASLPMIN

_____ number of minutes

35. At what time do you usually WAKE UP?

AATIMWAK

____ .
____ . _____

A.M. (Midnight is 12 A.M.)

P.M.

36. How many hours of sleep do you usually get at night?

AASLPHRS

_____ number of hours

37. Do you take naps regularly?

AANAP

Yes

No

Don't know

PLEASE GO TO QUESTION 38

If yes:

a. How many days per week do you usually nap?

AANAPDY

_____ days

b. On average, how many hours do you nap each time?

AANAPHR

Less than 1 hour

At least 1 hour but no more than 2 hours

More than 2 hours

AANAPDLY

AANAPHWK

38. Please indicate how often you experienced each of the following during the last 12 months.

(Check one box for each item.)

<u>Never</u> (0)	<u>Rarely</u> (1 x a month or less)	<u>Some- times</u> (2-4 x a month)	<u>Often</u> (5-15 x a month)	<u>Almost Always</u> (16-30 x a month)	<u>Don't Know</u>
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a. Have trouble falling asleep.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AASLPTRB

b. Wake up during the night and have difficulty getting back to sleep.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AAWAKDIF

c. Wake up too early in the morning no matter how many hours of sleep you had.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AAWAKERL

d. Feel unrested during the day, no matter how many hours of sleep you had.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AAUNREST

e. Feel excessively (overly) sleepy during the day.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AASLEEPY

f. Do not get enough sleep.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AAENSLP

g. Take sleeping pills or other medication to help you sleep.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AASLPPII

AADIMS

AATIRE