

Sleep Questions

IN THE LAST 12 MONTHS:

33. At what time do you usually FALL ASLEEP?

V6TIMSLP

_____ . _____
_____ . _____

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

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

V6SLPMIN

_____ number of minutes

35. At what time do you usually WAKE UP?

V6TIMWAK

_____ . _____
_____ . _____

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

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

V6SLPHRS

_____ number of hours

37. Do you take naps regularly?

V6NAP

Yes

No

Don't know

PLEASE GO TO QUESTION 37

If yes:

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

V6NAPDY

_____ days

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

V6NAPHR

- Less than 1 hour
 At least 1 hour but no more than 2 hours
 More than 2 hours

V6NAPDLY

V6NAPHWK

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>
a. Have trouble falling asleep. V6SLPTRB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wake up during the night and have difficulty getting back to sleep. V6WAKDIF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wake up too early in the morning no matter how many hours of sleep you had. V6WAKERL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feel unrested during the day, no matter how many hours of sleep you had. V6UNREST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feel excessively (overly) sleepy during the day. V6SLEEPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do not get enough sleep. V6ENSLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Take sleeping pills or other medication to help you sleep. V6SLPPIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V6DIMS

V6TIRE