



Sleep Habits

Office Use Only					Acrostic			Staff ID#				
SOF ID#												



1 On most nights, how many hours do you sleep each night?

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hours **V8SLPHRS**

2 How many hours of sleep do you need each night to feel rested? (Please answer to the nearest hour.)

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hours **V8SLPHND** **V8RESTED**

3 Do you take naps regularly?

Yes No Don't know **V8NAP**



a. How many days per week do you usually nap? **V8NAPDY** days

b. On average, how many hours do you nap each time? **V8NAPHR**
 Less than 1 hour At least 1 hour but no more than 2 hours More than 2 hours

4 Do you ever drink alcohol to help you sleep? Yes No Don't know
V8SLALC* *not released for AA cohort

Questions 5 - 13 relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

5 During the past month, what time have you usually gone to bed at night? : A.M. P.M.

6 During the past month, how long (in minutes) has it usually taken you to fall asleep each night? minutes

7 During the past month, when have you usually gotten up in the morning? : A.M. P.M.

8 During the past month, how many hours of actual sleep did you get each night? (This may be different than the number of hours you spent in bed.) hours

V8NAPDLY

V8NAPHWK

Draft





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14 Have you ever snored (now or at anytime in the past)? Yes **V8SNORE** No Don't know



How often do you snore now? V8OFTSNO	
<input type="radio"/> Do not snore anymore	<input type="radio"/> Frequently (3 to 5 nights a week)
<input type="radio"/> Rarely (less than 1 night a week)	<input type="radio"/> Always or almost always (6 or 7 nights a week)
<input type="radio"/> Sometimes (1 or 2 nights a week)	<input type="radio"/> Don't know

15 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Mark the most appropriate circle for each situation.

	Would Never Doze	Slight Chance of Dozing	Moderate Chance of Dozing	High Chance of Dozing
a. Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sitting inactive in a public place (e.g. a theater or a meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 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"/>

