



Sleep Habits

V9NAPDLY

V9NAPHWK

V9RESTED

V9PSLDUR

Office Use Only SOF ID#					○ MISSING Acrostic				



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

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V9SLPHRS
hours

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

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V9SLPHND
hours

③ Do you take naps regularly?

○ Yes ○ No ○ Don't know



V9NAP

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

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V9NAPDY
days

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

V9NAPHR

○ 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

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?

		:		
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○ A.M.
○ P.M.

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

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minutes

⑦ During the past month, when have you usually gotten up in the morning?

		:		
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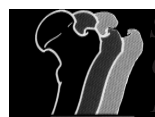
○ A.M.
○ P.M.

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.)

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hours

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



V9SNORE

How often do you snore now?

- | | |
|---|--|
| <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 |

V9OFTSNO*

**not released in AA cohort*

- 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	<u>Slight</u> Chance of Dozing	<u>Moderate</u> Chance of Dozing	<u>High</u> 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"/>

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- 10 Ask the participant if they use any of the following aids when doing any of the activities listed above. If yes, amend part b of questions that apply.

Cane	Jar opener for previously opened jars
Walker	Special eating utensils
Crutches	Long-handled appliance for reach or in the bathroom
Wheelchair	Bathtub seat or bar
Special or built up chair	Raised toilet seat
Devices for dressing like button hooks, zipper pulls, etc.	

- 11 During the past 12 months, on a typical night, how many times do you get up to go to the bathroom to empty your bladder (from the time you go to sleep until you wake up in the morning)?

- ☐ 0
- ☐ 1-2 V9BLADR
- ☐ 3-4
- ☐ 5 or more times

