SLEEP DISORDERS – SLQ
Target Group: 16+

SLQ.010
The next set of questions is about (your/SP’s) sleeping habits.

How much sleep {do you/does SP} usually get at night on weekdays or workdays?

INTERVIEWER INSTRUCTION: IF RESPONDENT SLEEPS FOR ONLY VERY SHORT PERIODS OF TIME, ASK HIM/HER TO ESTIMATE ON AVERAGE THE TOTAL NUMBER OF HOURS THAT THEY GENERALLY SLEEP AT NIGHT.

[ ] [ ]
ENTER HOURS


REFUSED ................................................. 777
DON'T KNOW .......................................... 999

SLQ.021G
How long does it usually take {you/SP} to fall asleep at bedtime?

ENTER MINUTES 0-59 .................. 1
ONE HOUR OR MORE .................. 2 (SLQ.030)
REFUSED ................................. 777 (SLQ.030)
DON'T KNOW ............................ 999 (SLQ.030)

CAPI INSTRUCTION:
GATE QUESTION.

SLQ.021M
How long does it usually take {you/SP} to fall asleep at bedtime?

[ ] [ ] [ ]
ENTER MINUTES 0-59

CAPI INSTRUCTION:
HARD EDIT: MINUTES MUST EQUAL 0-59.

SLQ.030
In the past 12 months, how often did {you/SP} snore while {you were/s/he was} sleeping?

INTERVIEWER INSTRUCTION: IF R SAYS "DON'T KNOW", PROBE IF ANYONE HAS TOLD THEM THAT THEY SNORE.

Never ................................................. 0
Rarely (1-2 nights/week) ............... 1
Occasionally (3-4 nights/week) ....... 2
Frequently (5 or more nights/week) .. 3
REFUSED ................................. 7
DON'T KNOW ............................ 9
SLQ.040  **In the past 12 months**, how often did (you/SP) snort, gasp, or stop breathing while (you were/s/he was) asleep?

**INTERVIEWER INSTRUCTION:** IF THE RESPONDENT ASKS “HOW WOULD I KNOW IF I SNORT, GASP OR STOP BREATHING WHEN I AM SLEEPING? PROBE IF ANYONE TOLD THEM THAT THEY DO THIS.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
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<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
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This next set of questions is about {your/SP’s} sleeping habits in the past month.

In the past month, how often did {you/SP} have trouble falling asleep?

HAND CARD SLQ1

<table>
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<th>Frequency</th>
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<tbody>
<tr>
<td>NEVER</td>
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<tr>
<td>RARELY – 1 TIME A MONTH</td>
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</tr>
<tr>
<td>ALMOST ALWAYS – 16-30 TIMES A MONTH</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
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[In the past month, how often did {you/SP}] wake up during the night and had trouble getting back to sleep?

HAND CARD SLQ1

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[In the past month, how often did {you/SP}] wake up too early in the morning and (were/was) unable to get back to sleep?

HAND CARD SLQ1

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<td>DON’T KNOW</td>
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</table>
SLQ.110  [In the past month, how often did {you/SP}] feel unrested during the day, no matter how many hours of sleep {you have/s/he has} had?

HAND CARD SLQ1

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<td>RARELY – 1 TIME A MONTH ..........</td>
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<td>REFUSED ..........................................</td>
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SLQ.120  [In the past month, how often did {you/SP}] feel excessively or overly sleepy during the day?

HAND CARD SLQ1

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<tr>
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<tr>
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<td>DON'T KNOW .......................................</td>
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SLQ.130  [In the past month, how often did {you/SP}] not get enough sleep?

HAND CARD SLQ1

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<td>RARELY – 1 TIME A MONTH ..........</td>
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<td>REFUSED ..........................................</td>
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<td>DON'T KNOW .......................................</td>
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</table>
SLQ.140  [In the past month, how often did {you/SP}] take sleeping pills or other medication to help {you/him/her} sleep?

HAND CARD SLQ1

NEVER..........................................................  0
RARELY – 1 TIME A MONTH .......................  1
SOMETIMES – 2-4 TIMES A MONTH ...........  2
OFTEN – 5-15 TIMES A MONTH................  3
ALMOST ALWAYS – 16-30 TIMES A MONTH..........  4
REFUSED ....................................................  7
DON'T KNOW ...............................................  9

SLQ.150  [In the past month, how often did {you/SP}] have leg jerks while trying to sleep?

HAND CARD SLQ1

NEVER..........................................................  0
RARELY – 1 TIME A MONTH .......................  1
SOMETIMES – 2-4 TIMES A MONTH ...........  2
OFTEN – 5-15 TIMES A MONTH................  3
ALMOST ALWAYS – 16-30 TIMES A MONTH..........  4
REFUSED ....................................................  7
DON'T KNOW ...............................................  9

SLQ.160  [In the past month, how often did {you/SP}] have leg cramps while trying to sleep?

HAND CARD SLQ1

NEVER..........................................................  0
RARELY – 1 TIME A MONTH .......................  1
SOMETIMES – 2-4 TIMES A MONTH ...........  2
OFTEN – 5-15 TIMES A MONTH................  3
ALMOST ALWAYS – 16-30 TIMES A MONTH..........  4
REFUSED ....................................................  7
DON'T KNOW ...............................................  9
The purpose of this next set of questions is to find out if you generally have/SP generally has difficulty carrying out certain activities because you are/s/he is too sleepy or tired. When the words “sleepy” or “tired” are used, it means the feeling that you/s/he can’t keep your/his/her eyes open, your/his/her head is droopy, that you/s/he want to “nod off” or that you feel/s/he feels the urge to take a nap. The words do not refer to the tired or fatigued feeling you/she may have after you have/s/he has exercised.

Do you/Does SP have difficulty concentrating on the things you do/s/he does because you feel/s/he feels sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER REASONS.................................................. 1
NO DIFFICULTY ........................................... 2
YES, A LITTLE DIFFICULTY .......................... 3
YES, MODERATE DIFFICULTY ...................... 4
YES, EXTREME DIFFICULTY ......................... 5
REFUSED .................................................... 7
DON'T KNOW .............................................. 9

Do you/Does SP generally have difficulty remembering things, because you are/s/he is sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER REASONS.................................................. 1
NO DIFFICULTY ........................................... 2
YES, A LITTLE DIFFICULTY .......................... 3
YES, MODERATE DIFFICULTY ...................... 4
YES, EXTREME DIFFICULTY ......................... 5
REFUSED .................................................... 7
DON'T KNOW .............................................. 9

Do you/Does SP have difficulty finishing a meal because you become/s/he becomes sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER REASONS.................................................. 1
NO DIFFICULTY ........................................... 2
YES, A LITTLE DIFFICULTY .......................... 3
YES, MODERATE DIFFICULTY ...................... 4
YES, EXTREME DIFFICULTY ......................... 5
REFUSED .................................................... 7
DON'T KNOW .............................................. 9
SLQ.200  {Do you/Does SP} have difficulty working on a hobby, for example, sewing, collecting, gardening, because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER REASONS
NO DIFFICULTY ............................................ 1
YES, A LITTLE DIFFICULTY ............................. 3
YES, MODERATE DIFFICULTY ........................... 4
YES, EXTREME DIFFICULTY .............................. 5
REFUSED ..................................................... 7
DON'T KNOW ................................................ 9

SLQ.210  {Do you/Does SP} have difficulty getting things done because {you are/s/he is} too sleepy or tired to drive or take public transportation?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER REASONS
NO DIFFICULTY ............................................ 1
YES, A LITTLE DIFFICULTY ............................. 3
YES, MODERATE DIFFICULTY ........................... 4
YES, EXTREME DIFFICULTY .............................. 5
REFUSED ..................................................... 7
DON'T KNOW ................................................ 9

SLQ.220  {Do you/Does SP} have difficulty taking care of financial affairs and doing paperwork (for example, paying bills or keeping financial records) because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

CAPI INSTRUCTION:
DISPLAY IF AGE 16-19: "{Do you/Does s/he} have difficulty doing homework or paperwork, for example paying bills or keeping financial records, because {you are/s/he is} sleepy or tired?"

DON'T DO THIS ACTIVITY FOR OTHER REASONS
NO DIFFICULTY ............................................ 1
YES, A LITTLE DIFFICULTY ............................. 3
YES, MODERATE DIFFICULTY ........................... 4
YES, EXTREME DIFFICULTY .............................. 5
REFUSED ..................................................... 7
DON'T KNOW ................................................ 9
SLQ.230  {Do you/Does SP} have difficulty performing employed or volunteer work because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

CAPI INSTRUCTION:
DISPLAY IF SP AGE 16-19: "{Do you/Does SP} have difficulty performing employed or volunteer work or attending school because {you are/s/he is} sleepy or tired?"

DON'T DO THIS ACTIVITY FOR OTHER
REASONS..................................................... 1
NO DIFFICULTY .......................................... 2
YES, A LITTLE DIFFICULTY ...................... 3
YES, MODERATE DIFFICULTY ................... 4
YES, EXTREME DIFFICULTY ..................... 5
REFUSED .................................................. 7
DON'T KNOW ............................................ 9

SLQ.240  {Do you/Does SP} have difficulty maintaining a telephone conversation because {you become/s/he becomes} sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER
REASONS..................................................... 1
NO DIFFICULTY .......................................... 2
YES, A LITTLE DIFFICULTY ...................... 3
YES, MODERATE DIFFICULTY ................... 4
YES, EXTREME DIFFICULTY ..................... 5
REFUSED .................................................. 7
DON'T KNOW ............................................ 9