

WB&A  
Job #01-450  
August 2001

Time Started: \_\_\_\_\_  
Time Ended: \_\_\_\_\_  
Call Length: \_\_\_\_\_  
Sample Page: \_\_\_\_\_  
ID#: \_\_\_\_\_

**NATIONAL SLEEP FOUNDATION  
2002 SLEEP IN AMERICA POLL  
SCREENING QUESTIONNAIRE**

Respondent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Day of week: \_\_\_\_\_

Hello, I am \_\_\_\_\_ with WB&A, a national research firm. I am calling on behalf of the National Sleep Foundation to conduct a national survey about sleep among Americans. This is not a sales call; it is a national research survey. It will take a few minutes of your time and your responses will be kept strictly confidential.

S1. Are you 18 years of age or older?

01 Yes → **CONTINUE**

02 No → **ASK TO SPEAK TO SOMEONE 18 YEARS OR OLDER  
AND RETURN TO INTRODUCTION.**

**RANDOMLY SELECT RESPONDENT. IF NECESSARY, REPEAT INTRODUCTION**

S2. **RECORD FROM SAMPLE:** Region

01	Northeast (1)	→ QUOTA (n=190)
02	Midwest (2)	→ QUOTA (n=240)
03	South (3)	→ QUOTA (n=360)
04	West (4)	→ QUOTA (n=210)

S3. **RECORD, DO NOT ASK:** Gender

01	Male	→ QUOTA (n=500)
02	Female	→ QUOTA (n=500)

**\*\*GO TO MAIN QUESTIONNAIRE\*\***

**NATIONAL SLEEP FOUNDATION  
2002 SLEEP IN AMERICA POLL  
MAIN QUESTIONNAIRE**

**SECTION 1: SLEEP HABITS -- ASK EVERYONE**

As I mentioned earlier, this survey is about sleep among Americans. Keep in mind, there are no right or wrong answers. First, I would like to ask you some general questions regarding sleep. Please think about your sleep schedule in the past two weeks.

1. At what time do you usually get up on days you work or on weekdays? **(DO NOT READ LIST)**

- |    |                           |
|----|---------------------------|
| 01 | 12:00 AM (Midnight)       |
| 02 | 12:01 AM – 4:59 AM        |
| 03 | 5:00 AM – 5:29 AM         |
| 04 | 5:30 AM – 5:59 AM         |
| 05 | 6:00 AM – 6:29 AM         |
| 06 | 6:30 AM – 6:59 AM         |
| 07 | 7:00 AM – 7:29 AM         |
| 08 | 7:30 AM – 7:59 AM         |
| 09 | 8:00 AM – 8:29 AM         |
| 10 | 8:30 AM – 8:59 AM         |
| 11 | 9:00 AM – 9:59 AM         |
| 12 | 10:00 AM – 10:59 AM       |
| 13 | 11:00 AM – 11:59 AM       |
| 14 | 12:00 PM (Noon) – 5:59 PM |
| 15 | 6:00 PM – 11:59 PM        |
| 99 | Don't know                |
| 98 | Refused                   |

2. At what time do you usually go to bed on nights before workdays or weekdays? **(DO NOT READ LIST)**

- |    |                           |
|----|---------------------------|
| 01 | 12:00 AM (Midnight)       |
| 02 | 12:01 AM – 12:59 AM       |
| 03 | 1:00 AM – 1:59 AM         |
| 04 | 2:00 AM – 5:00 AM         |
| 05 | 5:01 AM – 8:59 AM         |
| 06 | 9:00 AM – 11:59 AM        |
| 07 | 12:00 PM (Noon) – 6:59 PM |
| 08 | 7:00 PM – 7:59 PM         |
| 09 | 8:00 PM – 8:59 PM         |
| 10 | 9:00 PM – 9:29 PM         |
| 11 | 9:30 PM – 9:59 PM         |
| 12 | 10:00 PM – 10:29 PM       |
| 13 | 10:30 PM – 10:59 PM       |
| 14 | 11:00 PM – 11:29 PM       |
| 15 | 11:30 PM – 11:59 PM       |
| 99 | Don't know                |
| 98 | Refused                   |

3. On a workday or weekdays, how many hours, not including naps, do you usually sleep during one day? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES.)**

Hours: \_\_\_\_\_  
Minutes: \_\_\_\_\_

**(RECORD NUMBER OF HOURS AND MINUTES.)  
RECORD 99 FOR DON'T KNOW & 98 FOR REFUSED.**

4. Thinking about your usual non-workday or weekend, please answer the following questions.  
At what time do you usually get up on days you do not work or weekends? **(DO NOT READ LIST)**

01 12:00 AM (Midnight)  
02 12:01 AM – 4:59 AM  
03 5:00 AM – 5:29 AM  
04 5:30 AM – 5:59 AM  
05 6:00 AM – 6:29 AM  
06 6:30 AM – 6:59 AM  
07 7:00 AM – 7:29 AM  
08 7:30 AM – 7:59 AM  
09 8:00 AM – 8:29 AM  
10 8:30 AM – 8:59 AM  
11 9:00 AM – 9:59 AM  
12 10:00 AM – 10:59 AM  
13 11:00 AM – 11:59 AM  
14 12:00 PM (Noon) – 5:59 PM  
15 6:00 PM – 11:59 PM  
99 Don't know  
98 Refused

5. At what time do you usually go to bed on nights you do not work the next day or weekends? **(DO NOT READ LIST)**

01 12:00 AM (Midnight)  
02 12:01 AM – 12:59 AM  
03 1:00 AM – 1:59 AM  
04 2:00 AM – 5:00 AM  
05 5:01 AM – 8:59 AM  
06 9:00 AM – 11:59 AM  
07 12:00 PM (Noon) – 6:59 PM  
08 7:00 PM – 7:59 PM  
09 8:00 PM – 8:59 PM  
10 9:00 PM – 9:29 PM  
11 9:30 PM – 9:59 PM  
12 10:00 PM – 10:29 PM  
13 10:30 PM – 10:59 PM  
14 11:00 PM – 11:29 PM  
15 11:30 PM – 11:59 PM  
99 Don't know  
98 Refused

6. On weekends or non-workdays, how many hours, not including naps, do you usually sleep during one day?  
**(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES.)**

Hours: \_\_\_\_\_  
Minutes: \_\_\_\_\_

**(RECORD NUMBER OF HOURS AND MINUTES.)**  
**RECORD 99 FOR DON'T KNOW & 98 FOR REFUSED.**

## SECTION 2: SLEEP QUALITY -- ASK EVERYONE

7. How often have you had each of the following sleep problems in the past year? Would you say **(READ LIST. RANDOMIZE.)** every night or almost every night, a few nights a week, a few nights a month, rarely, or never?

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Don't Know	Refused
a. You had difficulty falling asleep	05	04	03	02	01	99	98
b. You were awake a lot during the night	05	04	03	02	01	99	98
c. You woke up too early and could not get back to sleep	05	04	03	02	01	99	98
d. You woke up feeling un-refreshed	05	04	03	02	01	99	98



8. Now, I would like to ask you about your experiences with specific sleep-related problems or disorders. In the past year, according to your own experiences or what others tell you, how often did you...**(READ LIST. RANDOMIZE.)** Would you say every night or almost every night, a few nights a week, a few nights a month, rarely, or never?

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Don't Know	Refused
a. Snore	05	04	03	02	01	99	98
b. Have pauses in your breathing during sleep	05	04	03	02	01	99	98
c. Have unpleasant feelings in your legs (like creepy, crawly or tingly feelings when you lie down at night)	05	04	03	02	01	99	98

9. Now, I am going to read to you several statements. Please tell me if you completely agree, mostly agree, mostly disagree, or completely disagree with each statement. **(READ LIST. RANDOMIZE.)**

	Completely Agree	Mostly Agree	Mostly Disagree	Completely Disagree	Don't Know	Refused
a. Not getting enough sleep can impair a persons performance at work	04	03	02	01	99	98
b. Not getting enough sleep can make it difficult to get along with others	04	03	02	01	99	98
c. Not getting enough sleep can put a person at risk for injuries	04	03	02	01	99	98
d. Not getting enough sleep can lead to health problems	04	03	02	01	99	98
e. It is normal to feel so sleepy in mid-afternoon that it is hard to stay awake	04	03	02	01	99	98

10. On most nights, how would you rate the quality of your sleep? Would you say that it is...**(READ LIST)**

05 Excellent,  
 04 Very good,  
 03 Good,  
 02 Fair, or  
 01 Poor  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused

11. How important is your sleep surface (e.g., mattress, futon, air bed, water bed, etc.) in helping you to get a deep, restful night's sleep? Would you say that it is...**(READ LIST)**

04 Very important,  
 03 Somewhat important,  
 02 Not very important, or  
 01 Not at all important  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused

12. With regards to the statement "I believe that a better quality mattress provides a better night's sleep," would you say that you...**(READ LIST)**

04 Completely agree,  
 03 Mostly agree,  
 02 Mostly disagree, or  
 01 Completely disagree  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused

13. How would you rate your sleep surface in terms of the comfort it provides? Would you say that it is...(READ LIST)

04 Very comfortable,  
 03 Somewhat comfortable,  
 02 Not very comfortable, or  
 01 Not at all comfortable  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused

14. How would you rate your sleep surface in terms of the support it provides? Would you say that it is...(READ LIST)

04 Very supportive,  
 03 Somewhat supportive,  
 02 Not very supportive, or  
 01 Not at all supportive  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused

### SECTION 3: HEALTH CARE -- ASK EVERYONE

15. Have you ever been told by a doctor that you have any of the following sleep problems? (READ LIST. RANDOMIZE.)

	Yes	No	Don't Know	Refused
a. Sleep Apnea	01	02	99	98
b. Restless legs syndrome	01	02	99	98
c. Insomnia	01	02	99	98

FOR EACH PROBLEM ANSWERED "YES" IN Q.15, ASK Q.16. IF "NO, DK, RF" TO ALL, SKIP TO Q.17.

16. Have you ever received treatment for...(READ LIST)

	Yes	No	Don't Know	Refused
a. Sleep Apnea	01	02	99	98
b. Restless legs syndrome	01	02	99	98
c. Insomnia	01	02	99	98

### SECTION 4: SLEEP MEDICATIONS -- ASK EVERYONE

17. How frequently do you use the following sleep aids to help you sleep? Would you say you use (READ LIST. RANDOMIZE.) every night or almost every night, a few nights a week, a few nights a month, rarely, or never?

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Don't Know	Refused
a. Over-the-counter or store-bought sleep aids	05	04	03	02	01	99	98
b. Medication prescribed by a doctor	05	04	03	02	01	99	98

18. In the past year, have you ever taken any medications to help you stay awake?

01 Yes → CONTINUE  
 02 No  
 99 Don't know → SKIP TO Q.20  
 98 Refused

19. Was this a prescription medication, over-the-counter, or both that you used to help you stay awake?

01 Prescription medication  
 02 Over-the-counter medication  
 03 Both  
 99 Don't know  
 98 Refused



## SECTION 5: DAYTIME SLEEPINESS -- ASK EVERYONE

20. How often do you have sleepiness during the day so badly that it interferes with your daily activities?  
Would you say...(READ LIST)

05 Every day or almost every day,  
04 A few days a week,  
03 A few days a month,  
02 Rarely, or  
01 Never?  
99 **DO NOT READ:** Don't know  
98 **DO NOT READ:** Refused

21. What is the minimum number of hours you need to sleep so that you will not feel so sleepy the next day?  
**(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES.)**

Hours: \_\_\_\_\_  
Minutes: \_\_\_\_\_

**(RECORD NUMBER OF HOURS AND MINUTES.)**  
**RECORD 99 FOR DON'T KNOW & 98 FOR REFUSED.**

22. **(REPEAT IF NECESSARY)** For the next few questions, I would like you to think about how you would describe your ability to do the following activities on days when you did not get enough sleep the previous night compared to days following a full night's sleep?

Would it be much easier, somewhat easier, the same, somewhat harder, or much harder for you to...  
**(READ LIST. RANDOMIZE.)**

	Much Easier	Somewhat Easier	The Same	Somewhat Harder	Much Harder	Don't Know	Refused
a. Read a report or business document for at least one hour before feeling sleepy	05	04	03	02	01	99	98
b. Listen carefully so that you remember what is being said	05	04	03	02	01	99	98
c. Shop for grocery items, remembering most items without a list	05	04	03	02	01	99	98
d. Take on additional tasks at the end of a regular work day	05	04	03	02	01	99	98
e. Produce quality work to the best of your ability	05	04	03	02	01	99	98
f. Make carefully thought-out decisions	05	04	03	02	01	99	98
g. Follow through on instructions you just received	05	04	03	02	01	99	98

23. Describe your ability to do the following activities on days you do not get enough sleep compared to days when you do get a full night's sleep. Are you much more likely, somewhat more likely, just as likely, somewhat less likely, or much less likely to...(READ LIST. RANDOMIZE.)

	Much More Likely	Somewhat More Likely	Just As Likely	Somewhat Less Likely	Much Less Likely	Don't Know	Refused
a. Eat more than usual	05	04	03	02	01	99	98
b. Get impatient or aggravated when waiting in line, when traffic is backed up, or when others are late for an event or meeting	05	04	03	02	01	99	98
c. Complete a physical task in a safe manner without injury	05	04	03	02	01	99	98
d. Make mistakes or errors	05	04	03	02	01	99	98
e. Have difficulty getting along with others	05	04	03	02	01	99	98
f. Get upset with children when they are noisy or misbehave	05	04	03	02	01	99	98

24. Thinking about a typical day, please rate how you have generally felt on a scale of 1 to 5 where a 1 means "\_\_\_\_\_" and a 5 means "\_\_\_\_\_." Please use any number between 1 and 5. **(READ LIST. RANDOMIZE.)**

a.	<u>Tired</u> 01	02	03	04	<u>Full of energy</u> 05	<u>Don't Know</u> 99	<u>Refused</u> 98
b.	<u>Pessimistic</u> 01	02	03	04	<u>Optimistic</u> 05	<u>Don't Know</u> 99	<u>Refused</u> 98
c.	<u>Sad</u> 01	02	03	04	<u>Happy</u> 05	<u>Don't Know</u> 99	<u>Refused</u> 98
d.	<u>Prefer to be alone</u> 01	02	03	04	<u>Seeking social interaction</u> 05	<u>Don't Know</u> 99	<u>Refused</u> 98
e.	<u>Stressed</u> 01	02	03	04	<u>Relaxed</u> 05	<u>Don't Know</u> 99	<u>Refused</u> 98
f.	<u>Dissatisfied with life</u> 01	02	03	04	<u>Satisfied with life</u> 05	<u>Don't Know</u> 99	<u>Refused</u> 98
g.	<u>Angry</u> 01	02	03	04	<u>Peaceful</u> 05	<u>Don't Know</u> 99	<u>Refused</u> 98

#### SECTION 6: DROWSY DRIVING -- ASK EVERYONE

25. Now, I would like to ask you a few questions about your experiences while driving a car in the past year. How often do you experience the following symptoms when driving? **(READ LIST. RANDOMIZE.)**

	Everyday or almost every day	A few days a week	A few days a month	Rarely	Never	Don't Know	Refused	Don't drive/Don't have a license
a. Difficulty keeping your eyes open	05	04	03	02	01	99	98	96
b. Cannot focus eyes	05	04	03	02	01	99	98	96
c. Unaware of surrounding activity	05	04	03	02	01	99	98	96
d. Eyes itching or burning	05	04	03	02	01	99	98	96
e. Blink frequently	05	04	03	02	01	99	98	96

**IF 96 "DON'T DRIVE/DON'T HAVE A LICENSE" IN Q25, SKIP TO Q30.**

26. In the last year, have you... **(READ LIST. RANDOMIZE.)**

	Yes	No	Don't Know	Refused	Don't drive/Don't have a license
a. Driven a car or another motor vehicle while feeling drowsy	01	02	99	98	96
b. Dozed off, even if just for a brief moment, while at the wheel of a car or another vehicle	01	02	99	98	96
c. Had an accident because you dozed off or were too tired while driving	01	02	99	98	96

**IF "YES" TO ANY PART OF Q.26, ASK Q.27 (OTHERWISE, SKIP TO Q.30)**

27. In the past year, how many times have you stopped driving because you were too sleepy to drive? **(RECORD NUMBER OF TIMES BELOW. DO NOT ACCEPT RANGES.)**

**(RECORD NUMBER OF TIMES.)**  
**RECORD 999 FOR DON'T KNOW & 998 FOR REFUSED.**



28. Thinking about the past month, how often have you driven while drowsy? Would you say...**(READ LIST)**

05 Every day or almost every day  
 04 A few days a week  
 03 A few days a month  
 02 Rarely  
 01 Never  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused

**IF "02-05" IN Q.28, ASK Q.29 (OTHERWISE, SKIP TO Q.30)**

29. Thinking about the past month when you have felt drowsy while driving, at what time of day or night were you typically driving while drowsy? **(DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED. PROBE FOR SPECIFIC TIMES.)**

01 6:00 AM – 8:59 AM  
 02 9:00 AM – 12:59 PM  
 03 1:00 PM – 3:59 PM  
 04 4:00 PM – 7:59 PM  
 05 8:00 PM – 11:59 PM  
 06 12:00 AM (Midnight) – 5:59 AM  
 99 Don't know  
 98 Refused

**ASK EVERYONE:**

30. Now, I am going to read you two statements. Please tell me if you completely agree, mostly agree, mostly disagree, or completely disagree with each statement? **(READ LIST. RANDOMIZE.)**

	Completely Agree	Mostly Agree	Mostly Disagree	Completely Disagree	Don't Know	Refused
a. A driver who has not slept for 24 hours and causes an auto accident that results in death should be charged with a crime and possibly serve jail time.	04	03	02	01	99	98
b. Information about preventing driving while drowsy should be included in driver's education and written tests for a driver's license.	04	03	02	01	99	98

**SECTION 7: SLEEP POLICIES -- ASK EVERYONE**

31. Now I am going to read to you two statements about sleep in the workplace. Please tell me if you completely agree, mostly agree, mostly disagree, or completely disagree with each statement. **(READ LIST. RANDOMIZE.)**

	Completely Agree	Mostly Agree	Mostly Disagree	Completely Disagree	Don't Know	Refused
a. Employers should not require employees to work beyond a regular shift if they say they are too tired or sleepy.	04	03	02	01	99	98
b. Employees should take a sick, personal, or vacation day if they do not get enough sleep the night before and feel they will not function well at work.	04	03	02	01	99	98

32. Research has found that during adolescence, a teen's body shifts to a later sleep cycle. In order for teens to function at their best, what is the earliest time you think high schools should start each day? **(DO NOT READ LIST. DO NOT ACCEPT RANGES)**

01 Before 7:30 AM  
 02 7:30 AM – 7:59 AM  
 03 8:00 AM – 8:29 AM  
 04 8:30 AM – 8:59 AM  
 05 9:00 AM – 9:29 AM  
 06 9:30 or later  
 99 Don't know  
 98 Refused



33. If you were in a hospital for a medical procedure or surgery and learned the doctor taking care of you has been on duty for 24 consecutive hours, how likely would you be to...**(READ LIST)**. Would you say that you are very likely, somewhat likely, somewhat unlikely or very unlikely?

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Don't Know	Refused
a. Feel anxious about your safety	04	03	02	01	99	98
b. Assume your procedure will go well	04	03	02	01	99	98
c. Ask for a different doctor	04	03	02	01	99	98

34. With regard to the statement "An airline pilot who becomes drowsy while flying should be allowed to take a nap if another qualified pilot is awake and can take over during the nap," would you say that you...**(READ LIST)**

- 04 Completely agree,  
 03 Mostly agree,  
 02 Mostly disagree, or  
 01 Completely disagree  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused

35. To perform with alertness and provide professional services safely and effectively for you and your family members, what should be the maximum number of hours worked per day for the following occupations?  
**(RANDOMIZE. RECORD HOURS BELOW. DO NOT ACCEPT RANGES.)**  
**RECORD 99 FOR DON'T KNOW, 98 FOR REFUSED & 96 FOR NO MAXIMUM NUMBER**

- a. Truck driver \_\_\_\_\_  
 b. Airline pilot \_\_\_\_\_  
 c. Doctor \_\_\_\_\_  
 d. Nurse \_\_\_\_\_  
 e. Police officer \_\_\_\_\_  
 f. Teacher \_\_\_\_\_

36. What was your employment status over the past 3 months? Were you primarily...**(READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Working more than one job, ☐ → **CONTINUE**  
 02 Working full-time, ☐  
 03 Working part-time, ☐

- 04 A student,  
 05 A homemaker,  
 06 Unemployed,  
 07 Retired,  
 08 Disabled, or a  
 09 Volunteer?  
 95 **DO NOT READ:** Other (Specify): \_\_\_\_\_  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused
- **SKIP TO D1**

**IF "WORKING MORE THAN ONE-JOB", "WORKING FULL-TIME" OR "WORKING PART-TIME" IN Q.36, ASK Q.37 (OTHERWISE, SKIP TO D1)**

37. Thinking about the past 3 months, which of the following best describes your work schedule? Would you say that you worked...**(READ LIST)**

- 01 Regular day shifts,  
 02 Regular evening shifts,  
 03 Regular night shifts, or  
 04 Rotating shifts.  
 95 **DO NOT READ:** Other (Specify): \_\_\_\_\_  
 99 **DO NOT READ:** Don't know  
 98 **DO NOT READ:** Refused

**SECTION 8: DEMOGRAPHICS -- ASK EVERYONE**

D1. These next few questions are for classification purposes only and will be kept strictly confidential.

What is your marital status? Are you...**(READ LIST)**

- 01 Married,
- 02 Single,
- 03 Living with someone,
- 04 Divorced,
- 05 Separated, or
- 06 Widowed
- 98 **DO NOT READ:** Refused

D2. How many children are living in your household? **(READ LIST AND RECORD APPROPRIATE ANSWER BELOW.)**

	RECORD # BELOW	NONE	REFUSED	
a. Under 18 years of age	_____	96	98	<b>SKIP TO D3</b>
b. Between 13 & 17 years of age	_____	96	98	
c. Between 6 & 12 years of age	_____	96	98	
d. Under 6 years of age	_____	96	98	

D3. In general, how would you rate your overall health now? Would you say it is...**(READ LIST)**

- 05 Excellent,
- 04 Very Good,
- 03 Good,
- 02 Fair, or
- 01 Poor
- 98 **DO NOT READ:** Refused

D4. What was the last grade or highest level of school that you completed? **(DO NOT READ LIST)**

- 01 8th grade or less
- 02 Some high school
- 03 Graduated high school
- 04 Vocational/Tech school
- 05 Some college
- 06 Graduated college
- 07 Advanced degree (M.A., Ph.D., etc.)
- 98 Refused

D5. Would you consider yourself to be White, Black, Hispanic, or of some other racial or ethnic background?  
**(MULTIPLE RESPONSES ACCEPTED)**

- 01 White
- 02 Black/African-American
- 03 Hispanic
- 95 Other **(Specify):** \_\_\_\_\_
- 98 **DON'T READ:** Refused

D6. What is your age? \_\_\_\_\_ **ENTER AGE AS 3 DIGITS (EX: AGE = 32, ENTER AS 032)**

998 Refused

D7. Please stop me when I reach the category that includes your total annual household income. **(READ LIST. IF SINGLE, ASK FOR PERSONAL INCOME.)**

- 01 Under \$15,000
- 02 \$15,000 - \$25,000
- 03 \$25,001 - \$35,000
- 04 \$35,001 - \$50,000
- 05 \$50,001 - \$75,000
- 06 \$75,001 - \$100,000
- 07 More than \$100,000
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

**ASK EVERYONE:**

**READ:** As a result of the most recent incidents in New York, Washington DC, and Pennsylvania, we understand people are affected by these events. We would like to ask you a couple of questions about how or if your sleep patterns have been affected.

38. The few nights following September 11<sup>th</sup>, how would you rate the quality of your sleep? Would you say it was...(READ LIST)

- 05 Excellent,
- 04 Very good,
- 03 Good,
- 02 Fair, or
- 01 Poor
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

39. During those nights immediately following September 11<sup>th</sup>, how often...(READ LIST. RANDOMIZE.)? Would you say every night, a few nights, rarely, or never?

	Every night	A few nights	Rarely	Never	Don't Know	Refused
a. Did you have difficulty falling asleep	04	03	02	01	99	98
b. Were you awake a lot during the night	04	03	02	01	99	98
c. Did you wake up too early and could not get back to sleep	04	03	02	01	99	98
d. Did you wake up feeling unrefreshed	04	03	02	01	99	98

**IF "EVERY NIGHT", OR "A FEW NIGHTS" IN Q.39b., ASK Q.40 (OTHERWISE, SKIP TO CLOSING)**

40. If you woke during those nights, would you say it was it due to...(READ LIST)

	Yes	No	Don't Know	Refused
a. Bad dreams	01	02	99	98
b. Stress/anxiety	01	02	99	98
c. Depression	01	02	99	98
d. Fear	01	02	99	98

**READ TO EVERYONE**

Those are all the questions I have. On behalf of the National Sleep Foundation, we would like to thank you very much for your cooperation. For quality control purposes, you may receive a follow-up phone call from my supervisor to verify that I have completed this interview. Can I please verify your name so they know who to ask for if they call back?

For more information on the National Sleep Foundation, you can visit their website at [www.sleepfoundation.org](http://www.sleepfoundation.org).

**RECORD NAME AND CONFIRM PHONE NUMBER FOR SUPERVISOR VERIFICATION**