

**NATIONAL SLEEP FOUNDATION
2003 SLEEP IN AMERICA POLL
SCREENING QUESTIONNAIRE**

Respondent Name: _____

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 habits 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. Which of the following categories includes your age? **(READ LIST)**

- 01 Under 35
- 02 35 – 54 → **THANK AND TERMINATE**

- 03 55 – 64
- 04 65 – 74 → **CONTINUE**
- 05 75 – 84

- 06 Over 85 → **THANK AND TERMINATE**
- 98 **DO NOT READ: Refused** → **THANK AND TERMINATE**

IF TERMINATED: ASK FOR SOMEONE IN THE HOUSEHOLD THAT IS BETWEEN THE AGES OF 55 AND 84. REPEAT INTRODUCTION

S2. **RECORD FROM SAMPLE:** Region

- 01 Northeast (1) → **QUOTA (n=285)**
- 02 Midwest (2) → **QUOTA (n=353)**
- 03 South (3) → **QUOTA (n=540)**
- 04 West (4) → **QUOTA (n=322)**

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

- 01 Male → **QUOTA (n=675)**
- 02 Female → **QUOTA (n=825)**

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

**NATIONAL SLEEP FOUNDATION
2003 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 weekdays, that is Monday through Friday? **(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 weeknights? **(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 weekday, how many hours, not including naps, do you usually sleep during one night?
(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 weekend, please answer the following questions.
At what time do you usually get up on weekends, that is Saturday and Sunday? **(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 weekends, that is Saturday and Sunday? **(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, how many hours, not including naps, do you usually sleep during one night? **(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 SYMPTOMS -- ASK EVERYONE

7. Would you consider yourself to be someone who suffers from or experiences symptoms of insomnia?

- 01 Yes
- 02 No
- 99 Don't know
- 98 Refused

8. 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

9. 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

IF "A FEW NIGHTS A WEEK OR MORE" (04-05) IN Q9A, ASK Q10. OTHERWISE SKIP TO Q11.

10. How many years would you say that you have been snoring? **(READ LIST)**

- 01 Less than one year,
- 02 1 up to 2 years,
- 03 2 up to 3 years,
- 04 3 up to 5 years, or
- 05 More than 5 years?
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

ASK EVERYONE

11. 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

12. Over the past 10 years, how has the quality of your sleep changed? Would you say that it is now...**(READ LIST)** than it was 10 years ago.

- 05 Much better,
- 04 Somewhat better,
- 03 About the same as,
- 02 Somewhat worse, or
- 01 Much worse
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

SECTION 3: DAYTIME SLEEPINESS -- ASK EVERYONE

13. How often do you have daytime sleepiness so severe 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

14. How many times during the last month did you accomplish little all day because you did not get enough sleep during the previous night? Would you say...(READ LIST)

- 05 4 to 7 times per week,
- 04 1 to 3 times per week,
- 03 1 to 3 times per month,
- 02 Less than once a month, or
- 01 Never?
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

15. On average, how often do you usually take a nap? Would you say...(READ LIST)

- 05 4 to 7 times per week,
- 04 1 to 3 times per week,
- 03 1 to 3 times per month,
- 02 Less than once a month, or
- 01 Never?
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

IF "1 TO 3 TIMES PER MONTH OR MORE" (03-05) IN Q15, ASK Q16. OTHERWISE SKIP TO Q18

16. How many hours or minutes do these naps usually last? (RECORD MINUTES BELOW. DO NOT ACCEPT RANGES. IF NAP FOR 1 HOUR, RECORD 60 MINUTES)

of minutes: _____

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

17. Thinking about when you take naps, do these naps typically occur because you plan to take a nap or you are so sleepy that you just fall asleep?

- 01 Planned to take a nap
- 02 Fell asleep because of being sleepy
- 03 Both
- 99 Don't know
- 98 Refused

ASK EVERYONE

18. How many cups or cans of caffeinated beverages, such as coffee, tea or soda, do you consume per day on average? (RECORD NUMBER OF CUPS/CANS BELOW. DO NOT ACCEPT RANGES.)

of cups/cans: _____

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

SECTION 4: HEALTH CARE -- ASK EVERYONE

19. 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 Q19, ASK Q20. IF "NO, DK, RF" TO ALL, SKIP TO Q21.

20. 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

ASK EVERYONE

21. Have you ever been told by a doctor that you have any of the following medical conditions? **(READ LIST, RANDOMIZE)**

	Yes	No	Don't Know	Refused
a. Heart disease	01	02	99	98
b. Hypertension or High blood pressure	01	02	99	98
c. Arthritis	01	02	99	98
d. Diabetes	01	02	99	98
e. Cancer	01	02	99	98
f. Stroke	01	02	99	98
g. Lung disease such as asthma, chronic bronchitis or emphysema	01	02	99	98
h. Depression	01	02	99	98
i. Osteoporosis	01	02	99	98
j. Memory problems or forgetfulness	01	02	99	98
k. Enlarged prostate	01	02	99	98

FOR EACH CONDITION ANSWERED "YES" IN Q21, ASK Q22. IF "NO, DK, RF" TO ALL, SKIP TO Q23.

22. Are you currently receiving treatment for...(READ LIST)

	Yes	No	Don't Know	Refused
a. Heart disease	01	02	99	98
b. Hypertension or High blood pressure	01	02	99	98
c. Arthritis	01	02	99	98
d. Diabetes	01	02	99	98
e. Cancer	01	02	99	98
f. Stroke	01	02	99	98
g. Lung disease such as asthma, chronic bronchitis or emphysema	01	02	99	98
h. Depression	01	02	99	98
i. Osteoporosis	01	02	99	98
j. Memory problems or forgetfulness	01	02	99	98
k. Enlarged prostate	01	02	99	98

ASK EVERYONE

23. In the past 12 months, how many times did you go to a doctor's office to get care for yourself? **(RECORD NUMBER OF TIMES BELOW. DO NOT ACCEPT RANGES.)**

of times: _____

**(RECORD NUMBER OF TIMES VISITING DOCTOR)
RECORD 99 FOR DON'T KNOW & 98 FOR REFUSED.**

IF 1 OR MORE TIMES IN Q23, ASK Q24. OTHERWISE SKIP TO Q25.

24. Specifically, how many times did you go to a doctor's office to get care for yourself within the past month? **(RECORD NUMBER OF TIMES BELOW. DO NOT ACCEPT RANGES. ENTER AS 2-DIGIT NUMBER)**

of times: _____

**(RECORD NUMBER OF TIMES VISITING DOCTOR)
RECORD 99 FOR DON'T KNOW & 98 FOR REFUSED.**

ASK EVERYONE

25. How many times in the past year have you fallen immediately after getting out of bed? **(RECORD NUMBER OF TIMES BELOW. DO NOT ACCEPT RANGES. ENTER AS 3-DIGIT NUMBER)**

of times: _____

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

26. How often in the past month have you experienced bodily pain? 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

SECTION 5: SLEEP MEDICATIONS -- ASK EVERYONE

27. How frequently do you use the following forms of treatment specifically 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
c. Alcohol, beer or wine	05	04	03	02	01	99	98

28. How comfortable are you with taking a sleep aid to help you sleep? Would you say that you are...(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

29. In the future, how likely would you be to take an over-the-counter sleep aid to help you sleep? Would you say that you are...(READ LIST)

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

SECTION 6: DROWSY DRIVING -- ASK EVERYONE

30. In the last year, have you...(READ LIST. RANDOMIZE. IF DON'T DRIVE OR DON'T HAVE A LICENSE, SKIP TO NEXT SECTION)

	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
d. Had a near accident because you dozed off or were too tired while driving	01	02	99	98	96

SECTION 7: SLEEP EXPERIENCES -- ASK EVERYONE

31. How often do the following symptoms disturb your sleep? Would you say that (READ LIST, ROTATE) disturbs your sleep 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. Nighttime heartburn	05	04	03	02	01	99	98
b. Headaches	05	04	03	02	01	99	98
c. Physical pain or discomfort	05	04	03	02	01	99	98
d. Coughing	05	04	03	02	01	99	98
e. The need to get up to go to the bathroom	05	04	03	02	01	99	98

32. How often do any of the following disrupt your sleep? Would you say that...(READ LIST, ROTATE) disrupt your sleep 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. Health concerns	05	04	03	02	01	99	98
b. Money or financial issues	05	04	03	02	01	99	98
c. Family problems	05	04	03	02	01	99	98
d. Thinking about caring for others	05	04	03	02	01	99	98
e. An uncomfortable bed or mattress	05	04	03	02	01	99	98

33. Compared to when you were 30 years old, do you feel that you now need less sleep, the same amount of sleep, or more sleep in order to feel alert and able to function well the next day?

- 01 Less sleep
- 02 The same amount of sleep
- 03 More sleep
- 99 Don't know
- 98 Refused

34. Compared to when you were 30 years old, do you now get less sleep, the same amount of sleep, or more sleep?

- 01 Less sleep
- 02 The same amount of sleep
- 03 More sleep
- 99 Don't know
- 98 Refused

35. When considering your adult life overall, what is the average number of hours you routinely slept per night? **(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.**

36. How often have you had a period of time in your life that you routinely got less than 6 hours of sleep per night? Would you say...**(READ LIST)**

- 04 Frequently,
- 03 Occasionally,
- 02 Rarely, or
- 01 Never?
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

IF "FREQUENTLY OR OCCASIONALLY" (03-04) IN Q36, ASK Q37. OTHERWISE SKIP TO Q38

37. On average, how long did these periods of getting less than 6 hours per night last? Would you say...**(READ LIST)**

- 01 Less than 1 month,
- 02 1 up to 6 months,
- 03 6 up to 12 months,
- 04 1 up to 3 years,
- 05 3 up to 5 years,
- 06 5 up to 10 years, or
- 07 More than 10 years?
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

SECTION 8: LIFESTYLE -- ASK EVERYONE

38. For the next few questions, I am going to ask you to tell me how difficult it is, on average, for you to do the following activities. For each activity, please tell me if it is very difficult, somewhat difficult, not very difficult, or not at all difficult, or whether you are unable to complete each activity.

Would you say that it is very difficult, somewhat difficult, not very difficult, or not at all difficult for you to...(READ LIST. RANDOMIZE.)

	Very difficult	Somewhat difficult	Not very difficult	Not at all difficult	Unable to do	Don't Know	Refused
a. Walk one-half of a mile without help, that is, about 8 ordinary blocks	04	03	02	01	96	99	98
b. Walk up and down a flight of stairs without help	04	03	02	01	96	99	98
c. Pull or push large objects like a living room chair	04	03	02	01	96	99	98
d. Stoop, crouch, or kneel	04	03	02	01	96	99	98
e. Write with a pen or pencil	04	03	02	01	96	99	98
f. Handle or finger small objects	04	03	02	01	96	99	98

39. How many times per week, on average, do you engage in exercise that increases your heart rate or that helps to improve your muscles, bones, or overall fitness? Would you say...(READ LIST)

- 01 Less than once a week,
- 02 1 to 2 times per week,
- 03 3 to 5 times per week, or
- 04 More than 5 times per week?
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

40. How many times per week, on average, do you engage in exercise for recreation and pure enjoyment? Would you say...(READ LIST)

- 01 Less than once a week,
- 02 1 to 2 times per week,
- 03 3 to 5 times per week, or
- 04 More than 5 times per week?
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

41. Thinking about your typical day, approximately how many hours or minutes do you spend...(READ LIST, RANDOMIZE. RECORD IN MINUTES)

	Record minutes
a. Watching television	
b. Listening to the radio	
c. Visiting with friends	
d. Reading a book, the newspaper, or a magazine	
e. Running errands or shopping	
f. Doing housework or yard work	

42. When you have a problem or feel the need to talk with someone, how easy is it to find a family member or a friend to talk to? Would you say that it is...(READ LIST)
- 04 Very easy,
 03 Somewhat easy,
 02 Difficult, or
 01 Very difficult?
- 99 **DO NOT READ:** Don't know
 98 **DO NOT READ:** Refused
43. How would you rate your memory at the current time? Would you say 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
44. During the past month, how often have you felt down, depressed, or hopeless? Would you say...(READ LIST)
- 05 4 to 7 days per week,
 04 1 to 3 days per week,
 03 1 to 3 days per month,
 02 Less than once a month, or
 01 Never?
- 99 **DO NOT READ:** Don't know
 98 **DO NOT READ:** Refused
45. During the past month, how often have you felt little interest or pleasure in doing things? Would you say...(READ LIST)
- 05 4 to 7 days per week,
 04 1 to 3 days per week,
 03 1 to 3 days per month,
 02 Less than once a month, or
 01 Never?
- 99 **DO NOT READ:** Don't know
 98 **DO NOT READ:** Refused
46. Which phrase best describes your smoking status? Would you say...(READ LIST)
- 01 You are a current smoker,
 02 You are a former smoker, or
 03 You have never smoked?
- 98 **DO NOT READ:** Refused

SECTION 9: HEALTH -- ASK EVERYONE

47. What is your height without shoes? **(RECORD HEIGHT IN FEET AND INCHES)**

(RECORD HEIGHT)

48. What is your weight without shoes? **(RECORD WEIGHT IN POUNDS BELOW. DO NOT ACCEPT RANGES)**

(RECORD WEIGHT)

49. **RECORD BMI (BODY MASS INDEX) HERE** _____.

SECTION 10: EMPLOYMENT-- ASK EVERYONE

50. On average, how many total hours do you work per week at a job for which you are paid? **(RECORD NUMBER OF HOURS BELOW. DO NOT ACCEPT RANGES.)**

Hours: _____

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

51. On average, how many total hours do you volunteer per week? **(RECORD NUMBER OF HOURS BELOW. DO NOT ACCEPT RANGES.)**

Hours: _____

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

SECTION 11: DEMOGRAPHICS -- ASK EVERYONE

D1. These next few questions are for classification purposes only and will also be kept strictly confidential. What is your current marital status? Are you...**(READ LIST. ACCEPT ONE RESPONSE)**

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

D2. What is your age? _____ **ENTER AGE AS 3 DIGITS (EX: AGE = 65, ENTER AS 065)**

998 Refused

D3. How many children or grandchildren are currently living in your household? **(READ LIST AND RECORD APPROPRIATE ANSWER BELOW.)**

	RECORD # BELOW	NONE	REFUSED
a. Over 18 years of age	_____	00	98
b. Under 18 years of age	_____	00	98
c. Between 13 & 17 years of age	_____	00	98
d. Between 6 & 12 years of age	_____	00	98
e. Under 6 years of age	_____	00	98

SKIP TO D4

D4. How many people, such as spouse, children, grandchildren, or parents, are dependent on you for regular care? **(READ LIST)**

- 01 None,
- 02 1 other person,
- 03 2 people,
- 04 3 to 5 people,
- 05 6 to 10 people, or
- 06 More than 10 people?

- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

D5. 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?

- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

D6. Would you consider yourself to be White, Black, Hispanic, or of some other racial or ethnic background? **(DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED)**

- 01 White
- 02 Black/African-American
- 03 Hispanic
- 95 Other **(Specify):** _____
- 98 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, or
- 07 More than \$100,000?
- 99 **DO NOT READ:** Don't know
- 98 **DO NOT READ:** Refused

D8. At the current time, how would you rate your financial security? Would you say...**(READ LIST)**

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

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 have your name or initials 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.

RECORD NAME AND CONFIRM PHONE NUMBER FOR SUPERVISOR VERIFICATION