

WB&A
Job #03-111
September 2003

Time Started: _____
Time Ended: _____
Call Length: _____
Sample Page: _____
ID#: _____

**NATIONAL SLEEP FOUNDATION
2004 SLEEP IN AMERICA POLL
SCREENING QUESTIONNAIRE**

Respondent Name: _____

Telephone Number: _____

Interviewer: _____ Date: _____ Day of week: _____

- Section 1: All Children
- Section 1a: Infants/Toddlers
- Section 1b: Infants/Toddlers/Preschoolers
- Section 1c: Kindergarten/ Elementary School
- Section 2: Health
- Section 3: Caregiver

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

S1. First, are there any children living in your home under the age of 11?

- 01 Yes → **CONTINUE**
- 02 No → **THANK AND TERMINATE**
- 98 Refused → **THANK AND TERMINATE**

S2. For these children, are you...(READ LIST)

- 01 The primary caregiver, → **CONTINUE**
- 02 Someone who shares equally in the childcare, or → **CONTINUE**
- 03 Is someone else the primary caregiver? → **ASK TO SPEAK TO THE PRIMARY CAREGIVER AND RESCREEN.**
- 98 **DO NOT READ:** Refused → **THANK AND TERMINATE.**

S2a. For how many of these children under the age of 11 are you the caregiver?
(RECORD NUMBER OF CHILDREN BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED". IF NONE, THANK AND TERMINATE)

of Children: _____

IF RESPONDENT IS NOT A CAREGIVER FOR CHILDREN UNDER THE AGE OF 11, THANK AND TERMINATE. SAY: Today, we are only interviewing people with children under the age of eleven. Those are all the questions I have.

S3. Starting with your youngest child, what is your child's age in years and months?

S4. Is this child male or female? **QUOTA (n=600) EACH**

S5. Would you say this child is your...**(READ LIST)**

IF THE CHILD IS 3 TO 10 YEARS OLD, ASK S6.

S6. If your child is in school, what grade is he or she in? **(DO NOT READ LIST.)**

ASK S4 – S6 FOR EACH CHILD UNDER THE AGE OF 11 BEFORE GOING TO THE NEXT CHILD. ALLOW UP TO SIX CHILDREN. ONLY RECORD FOR THOSE CHILDREN UNDER THE AGE OF 11.

S3_1. **ASK:** What is the age of the next youngest child?

	Child 1 (Youngest)	Child 2	Child 3	Child 4	Child 5	Child 6
S3. Age	___ Years ___ Months 98 Refused	___ Years ___ Months 98 Refused	___ Years ___ Months 98 Refused	___ Years ___ Months 98 Refused	___ Years ___ Months 98 Refused	___ Years ___ Months 98 Refused
S4. Gender	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused
S5. Birth Order	01 Only child 04 Last born	02 First born 03 Middle	02 First born 03 Middle	02 First born 03 Middle	02 First born 03 Middle	02 First born 03 Middle
S6. Grade	01 Preschool/ Nursery school 02 Kinder- garten 03 1 st grade 04 2 nd grade 05 3 rd grade 06 4 th grade 07 5 th grade 96 None 98 Refused 99 Don't know	01 Preschool/ Nursery school 02 Kinder- garten 03 1 st grade 04 2 nd grade 05 3 rd grade 06 4 th grade 07 5 th grade 96 None 98 Refused 99 Don't know	01 Preschool/ Nursery school 02 Kinder- garten 03 1 st grade 04 2 nd grade 05 3 rd grade 06 4 th grade 07 5 th grade 96 None 98 Refused 99 Don't know	01 Preschool/ Nursery school 02 Kinder- garten 03 1 st grade 04 2 nd grade 05 3 rd grade 06 4 th grade 07 5 th grade 96 None 98 Refused 99 Don't know	01 Preschool/ Nursery school 02 Kinder- garten 03 1 st grade 04 2 nd grade 05 3 rd grade 06 4 th grade 07 5 th grade 96 None 98 Refused 99 Don't know	01 Preschool/ Nursery school 02 Kinder- garten 03 1 st grade 04 2 nd grade 05 3 rd grade 06 4 th grade 07 5 th grade 96 None 98 Refused 99 Don't know

TOTAL N = 1200		
<u>Infants/Toddlers</u> 0-2 months (QUOTA = 50) 3-5 months (QUOTA = 50) 6-8 months (QUOTA = 50) 9-11 months (QUOTA = 50) 12-17 months (QUOTA = 50) 18-23 months (QUOTA = 50) 2 years (QUOTA = 100)	<u>Preschool/Kindergarten</u> 3 years (QUOTA = 100) 4 years (QUOTA = 100) 5 years (QUOTA = 100) 6 years/Kindergarten (NO QUOTA)	<u>School-aged</u> 1 st Grade (QUOTA = 100) 2 nd Grade (QUOTA = 100) 3 rd Grade (QUOTA = 100) 4 th Grade (QUOTA = 100) 5 th Grade (QUOTA = 100)

S7. **RECORD FROM SAMPLE:** Region

- 01 Northeast (1) → **QUOTA (n=217)**
- 02 Midwest (2) → **QUOTA (n=281)**
- 03 South (3) → **QUOTA (n=424)**
- 04 West (4) → **QUOTA (n=278)**

SECTION 1: All Children

CHILD SLEEP HABITS

As I mentioned earlier, this survey is about children's sleep habits. Keep in mind, there are no right or wrong answers. Now, I would like to ask you some general questions regarding **[IF ONLY ONE CHILD, READ: your child's] [IF MORE THAN ONE CHILD, READ: one of your children's]** sleep habits. **(SKIP TO NEXT PARAGRAPH IF ONLY CHILD)** I would like you to focus on one of your children, who will be randomly selected. Please focus on the child who is **[RANDOMLY INSERT AGE]**.

So I can refer to this child by name during this survey, could you please give me the name or initials of your **[INSERT AGE]** year-old? **(RECORD CHILD'S NAME. IF REFUSED, PLUG IN "THE CHILD")**

Child's name/initials: _____

1. What is your relationship to **[CHILD]**? **(DO NOT READ LIST)**

- 01 Mother
- 02 Father
- 03 Stepmother
- 04 Stepfather
- 05 Grandmother
- 06 Grandfather
- 07 Foster mother
- 08 Foster father
- 09 Nanny/babysitter
- 95 Other **(SPECIFY):** _____
- 98 Refused
- 99 Don't know

2. For the next few questions, please think about **[CHILD]**'s sleep schedule in the past two weeks. On a typical day in the past two weeks, what was the usual time that **[CHILD]** woke up in the morning for the day? **(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
- 98 Refused
- 99 Don't know

3. On a typical night in the past two weeks, what was the usual time that **[CHILD]** went to sleep for the night? **(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
- 98 Refused
- 99 Don't know

4. How often does **[CHILD]** go to sleep at this time? Would you say...**(READ LIST)**

- 04 Every night or almost every night,
- 03 A few nights a week, or
- 02 About once a week?

- 01 **DO NOT READ:** Less than once a week
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

5. On a typical night in the past two weeks, how many **minutes** did it take **[CHILD]** to fall asleep, from lights out to being asleep? **(RECORD NUMBER OF MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 999 FOR "DON'T KNOW" AND 998 FOR "REFUSED". RECORD 000 IF CHILD IS ALREADY SLEEPING. MAXIMUM IS 120 MINS.)**

Minutes: _____

6. On a typical night in the past two weeks, how many **hours** did **[CHILD]** actually sleep **at night** between the hours of 6pm and 8am? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")**

Hours: _____
Minutes: _____

7. On a typical day in the past two weeks, how many **hours** did **[CHILD]** actually sleep **in the daytime** between the hours of 8am and 6pm? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED". ENTER 00 FOR NONE.)**

Hours: _____
Minutes: _____

8. How much sleep do you think **[CHILD]** needs in a 24-hour period?
**(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES.
RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")**

Hours: _____

Minutes: _____

9. On most nights, do you believe that **[CHILD]** gets...**(READ LIST)**

- 01 Too little sleep,
02 Too much sleep, or
03 The right amount of sleep?

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

10. How does **[CHILD]**'s sleep patterns differ on the weekends compared to weekdays? Does he or she...**(READ LIST)**

- 01 Get less sleep on weekends,
02 Get more sleep on weekends, or
03 Get the same amount of sleep?

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

BEDTIME ROUTINES

11. Does **[CHILD]** have a usual bedtime routine; that is on most nights, do the same activities occur?

- 01 Yes → **CONTINUE**
02 No → **SKIP TO QUESTION 12**
98 Refused → **SKIP TO QUESTION 12**
99 Don't know → **SKIP TO QUESTION 12**

IF (01) IN Q11, ASK Q11a. OTHERWISE, SKIP TO Q12.

11a. What are the three most common activities that occur most nights as part of this bedtime routine?
(DO NOT READ LIST. PROBE FOR THREE.)

- 01 Brush teeth
- 02 Child reads story to parent or other adult
- 03 Have a snack
- 04 Listen to radio or music
- 05 Parent or other adult reads story to the child
- 06 Play video or computer games
- 07 Say prayers
- 08 Sing songs
- 09 Spend time with family
- 10 Sports or play outside
- 11 Surf the Internet
- 12 Take a bath or shower
- 13 Talk on the phone or instant message
- 14 Use the computer
- 15 Watch television or a video or a DVD
- 95 Other **(SPECIFY):** _____
- 96 None
- 98 Refused
- 99 Don't know

NAPS – ASK EVERYONE

12. Does **[CHILD]** currently take a nap...**(READ LIST)**

- 05 Every day or almost every day, → **CONTINUE**
- 04 A few days a week, → **CONTINUE**
- 03 About once a week, → **CONTINUE**
- 02 Rarely, or → **CONTINUE**
- 01 Never? → **SKIP TO QUESTION 13**

- 98 **DO NOT READ:** Refused → **SKIP TO QUESTION 13**
- 99 **DO NOT READ:** Don't know → **SKIP TO QUESTION 13**

IF (02-05) IN Q12, ASK Q12a. OTHERWISE, SKIP TO Q13.

12a. On days when **[CHILD]** naps, how many times each day does he/she take a nap? Would you say...**(READ LIST)**

- 01 Once per day,
- 02 Twice per day, or
- 03 Three or more times per day?

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

SLEEP SETTING – ASK EVERYONE

13. Does **[CHILD]** have his or her own bedroom?
- 01 Yes → **SKIP TO QUESTION 14**
 - 02 No → **CONTINUE**
 - 98 Refused → **SKIP TO QUESTION 14**
 - 99 Don't know → **SKIP TO QUESTION 14**

IF (02) IN Q13, ASK Q13a. OTHERWISE, SKIP TO Q14.

- 13a. Who does **[CHILD]** share a bedroom with? **(DO NOT READ LIST)**
- 01 Brother or sister
 - 02 Parent
 - 95 Other **(SPECIFY):** _____
 - 98 Refused
 - 99 Don't know

ASK EVERYONE

14. Does **[CHILD]** have his or her own bed?
- 01 Yes
 - 02 No
 - 98 Refused
 - 99 Don't know
15. Does **[CHILD]** have any of the following in his or her bedroom? **(READ LIST. RANDOMIZE.)**

	Yes	No	Don't Know	Refused
a. Television	01	02	99	98
b. Computer	01	02	99	98
c. Telephone	01	02	99	98
d. Nightlight	01	02	99	98

16. Who usually puts **[CHILD]** to bed? **(DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED)**
- 01 Child puts himself/herself to bed
 - 02 Mother
 - 03 Father
 - 04 Both parents
 - 05 Brother or sister
 - 95 Other **(SPECIFY):** _____
 - 98 Refused
 - 99 Don't know

17. How often is a parent or other adult present in the room when [CHILD] falls asleep? Would you say...**(READ LIST)**

- 05 Every night or almost every night,
- 04 A few nights a week,
- 03 About once a week,
- 02 Rarely, or
- 01 Never?

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

18. Does [CHILD] regularly spend the night at another home during the week or weekends, such as at another parents' home or a grandparent's house?

- 01 Yes → **CONTINUE**
- 02 No → **SKIP TO QUESTION 19**
- 98 Refused → **SKIP TO QUESTION 19**
- 99 Don't know → **SKIP TO QUESTION 19**

IF (01) IN Q18, ASK Q18a. OTHERWISE, SKIP TO Q19.

18a. How many nights per week does he/she spend the night at another home? Would you say...**(READ LIST)**

- 05 Every night or almost every night,
- 04 A few nights a week, or
- 03 About once a week?

- 02 **DO NOT READ:** Rarely
- 01 **DO NOT READ:** Never
- 95 **DO NOT READ:** Other **(SPECIFY)** _____
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

NIGHTWAKINGS – ASK EVERYONE

19. During a typical night in the past two weeks, how many times did [CHILD] wake up and need your help or attention? Would you say...**(READ LIST)**

- 01 Once per night, → **CONTINUE**
- 02 Twice per night, → **CONTINUE**
- 03 Three or more times per night, or → **CONTINUE**
- 96 Did he/she not wake at night? → **SKIP TO QUESTION 21**
- 98 **DO NOT READ:** Refused → **SKIP TO QUESTION 21**
- 99 **DO NOT READ:** Don't know → **SKIP TO QUESTION 21**

IF (01-03) IN Q19, ASK Q20a – Q20d. OTHERWISE, SKIP TO Q21.

20a. What was the approximate amount of time, in minutes, **[CHILD]** was awake during the night?
(RECORD NUMBER OF MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 999 FOR “DON’T KNOW” AND 998 FOR “REFUSED”)

Minutes: _____

20b. How often do you usually do the following when **[CHILD]** wakes up during the night? Do you...**(READ LIST. RANDOMIZE.)** Would you say always, usually, sometimes, rarely or never?

	Always	Usually	Sometimes	Rarely	Never	Don't Know	Refused
a. Allow him/her to fall back to sleep on his/her own	05	04	03	02	01	99	98
b. Briefly go to him/her	05	04	03	02	01	99	98
c. Stay with him/her until he/she is asleep	05	04	03	02	01	99	98
d. Read a story and/or talk with him/her a while	05	04	03	02	01	99	98
e. Sleep with him/her in his/her bed	05	04	03	02	01	99	98
f. Bring him/her to sleep in your bed or another adult's bed	05	04	03	02	01	99	98
g. Feed him/her or give him/her a drink	05	04	03	02	01	99	98
h. Do anything else? (SPECIFY)	05	04	03	02	01	99	98

20c. How often does **[CHILD]** return to sleep without help? Would you say...**(READ LIST)**

- 05 Always,
- 04 Usually,
- 03 Sometimes,
- 02 Rarely, or
- 01 Never?

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

20d. Who usually goes to **[CHILD]** when he or she wakes up? **(DO NOT READ LIST)**

- 01 Mother
- 02 Father
- 03 Brother or sister
- 04 Nanny/babysitter
- 95 Other **(SPECIFY):** _____
- 96 No one goes to the child
- 98 Refused
- 99 Don't know

SLEEP PROBLEMS – ASK EVERYONE

21. Thinking about your child’s sleep, do you think that **[CHILD]** has any sleep problems?

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

22. During the past two weeks, how often did **[CHILD]** (**INSERT ATTRIBUTE. RANDOMIZE.**)? Would you say every night or almost every night, a few nights a week, about once a week, rarely or never?

		Every night/ almost every night	A few nights a week	About once a week	Rarely	Never	Ref	DK
a.	Have trouble breathing, heavy breathing or loud breathing while sleeping	05	04	03	02	01	98	99
b.	Stop breathing during sleep	05	04	03	02	01	98	99
c.	Snore	05	04	03	02	01	98	99
d.	Have difficulty falling asleep at bedtime	05	04	03	02	01	98	99
e.	Stall about going to bed	05	04	03	02	01	98	99
f.	Resist going to bed at bedtime, such as crying, refusing to stay in bed, etc.	05	04	03	02	01	98	99
g.	Wake too early in the morning	05	04	03	02	01	98	99
h.	Have difficulty waking in the morning	05	04	03	02	01	98	99
i.	Seem sleepy or overtired during the day	05	04	03	02	01	98	99
IF CHILD IS AGE 3 AND ABOVE, ASK Q22L-22Q. OTHERWISE, SKIP TO Q23. (RANDOMIZE)								
j.	Complain of growing pains	05	04	03	02	01	98	99
k.	Complain of uncomfortable feelings in his or her legs	05	04	03	02	01	98	99
l.	Wet the bed	05	04	03	02	01	98	99
m.	Have nightmares	05	04	03	02	01	98	99
n.	Have nighttime fears	05	04	03	02	01	98	99
o.	Sleepwalk	05	04	03	02	01	98	99
p.	Talk in his/her sleep	05	04	03	02	01	98	99
q.	Complain of feeling tired during the day	05	04	03	02	01	98	99

(FOR QUESTIONS H, I, J, AND Q, CHANGE SCALE TO READ EVERY DAY OR ALMOST EVERY DAY, A FEW DAYS A WEEK, ABOUT ONCE A WEEK, RARELY OR NEVER)

ASK EVERYONE

23. If there was **one** thing that you could change about **[CHILD]**'s sleep, would it be...
(READ LIST. ACCEPT ONE RESPONSE ONLY.)

- 01 The time he or she goes to bed,
- 02 The time he or she wakes up in the morning,
- 03 The length of time that he or she sleeps,
- 04 His or her behavior at bedtime,
- 05 How well he or she sleeps at night,
- 06 How well he or she naps, or
- 95 Something else **(SPECIFY):** _____
- 96 **DO NOT READ:** Nothing
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

COSLEEPING

24. On a typical night in the past two weeks, where did **[CHILD]** fall asleep? **(READ LIST.)**

- 01 Own room in own bed alone
- 02 Own room in own bed with others
- 03 Parents' room, but not in parents' bed
- 04 Parents' room in parents' bed
- 05 Brother or sister's room, but not in brother or sister's bed
- 06 Brother or sister's room in brother or sister's bed
- 95 Somewhere else **(SPECIFY):** _____
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

24a. On a typical night in the past two weeks, where did **[CHILD]** sleep most of the night? **(READ LIST.)**

- 01 Own room in own bed alone
- 02 Own room in own bed with others
- 03 Parents' room, but not in parents' bed
- 04 Parents' room in parents' bed
- 05 Brother or sister's room, but not in brother or sister's bed
- 06 Brother or sister's room in brother or sister's bed
- 95 Somewhere else **(SPECIFY):** _____
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

24b. On a typical night in the past two weeks, where did **[CHILD]** usually wake up in the morning?
(READ LIST.)

- 01 Own room in own bed alone
- 02 Own room in own bed with others
- 03 Parents' room, but not in parents' bed
- 04 Parents' room in parents' bed
- 05 Brother or sister's room, but not in brother or sister's bed
- 06 Brother or sister's room in brother or sister's bed
- 95 Somewhere else **(SPECIFY):** _____
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

BEHAVIOR

25. During the past two weeks, how often did **[CHILD]** **[INSERT ATTRIBUTE. RANDOMIZE]** during the course of the day? Would you say always, usually, sometimes, rarely or never?

		Always	Usually	Sometimes	Rarely	Never	Ref	DK
a.	Cling to an adult	05	04	03	02	01	98	99
b.	Whine and/or complain	05	04	03	02	01	98	99
c.	Smile and seem happy	05	04	03	02	01	98	99
d.	Fuss when he or she did not get his or her way	05	04	03	02	01	98	99

SECTION 1a: 0 to <3 Year Olds**SLEEP HABITS – IF S3 <3, ASK Q26. OTHERWISE, SKIP TO Q32.**

26. Is **[CHILD]** currently breastfeeding?

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

27. When **[CHILD]** is put into his or her crib or bed, is he or she typically asleep or awake?

- 01 Awake
- 02 Asleep
- 98 Refused
- 99 Don't know

28. In the past two weeks, how often has [CHILD] fallen asleep [INSERT ATTRIBUTE. RANDOMIZE.] at **naptime**? Would you say every day or almost every day, a few days a week, about once a week, rarely or never? **(USE 96 "NOT APPLICABLE" IF IT DOES NOT APPLY)**

		Every day or almost every day	A few days a week	About once a week	Rarely	Never	Ref	DK
a.	In a crib or bassinet	05	04	03	02	01	98	99
b.	In parents' bed	05	04	03	02	01	98	99
c.	In an infant or car seat	05	04	03	02	01	98	99
d.	In a swing	05	04	03	02	01	98	99
e.	While riding in a car	05	04	03	02	01	98	99
f.	In another room in the house, like the living room	05	04	03	02	01	98	99
g.	While being held or rocked	05	04	03	02	01	98	99
h.	While nursing ASK IF Q26(01)	05	04	03	02	01	98	99
i.	While drinking from a bottle	05	04	03	02	01	98	99
j.	With a brother or sister	05	04	03	02	01	98	99
k.	At daycare	05	04	03	02	01	98	99

29. In the past two weeks, how often has [CHILD] fallen asleep [INSERT ATTRIBUTE. RANDOMIZE.] at **bedtime**? Would you say every night or almost every night, a few nights a week, about once a week, rarely or never? **(USE 96 "NOT APPLICABLE" IF IT DOES NOT APPLY)**

		Every night or almost every night	A few nights a week	About once a week	Rarely	Never	Ref	DK
a.	In a crib or bassinet	05	04	03	02	01	98	99
b.	In parents' bed	05	04	03	02	01	98	99
c.	In an infant or car seat	05	04	03	02	01	98	99
d.	In a swing	05	04	03	02	01	98	99
e.	While riding in a car	05	04	03	02	01	98	99
f.	In another room in the house, like the living room	05	04	03	02	01	98	99
g.	While being held or rocked	05	04	03	02	01	98	99
h.	While nursing ASK IF Q26(01)	05	04	03	02	01	98	99
i.	While drinking from a bottle	05	04	03	02	01	98	99
j.	With a brother or sister	05	04	03	02	01	98	99

30. When [CHILD] is sleeping, how often does he/she currently [INSERT ATTRIBUTE. RANDOMIZE.]? Would you say always, usually, sometimes, rarely or never?								
		Always	Usually	Some-times	Rarely	Never	Ref	DK
a.	Use a pacifier	05	04	03	02	01	98	99
b.	Suck his/her thumb or other fingers	05	04	03	02	01	98	99
c.	Sleep with a blanket	05	04	03	02	01	98	99
d.	Sleep with a soft object, such as a stuffed animal	05	04	03	02	01	98	99

31. If [CHILD] sleeps in his or her own bed or toddler bed, at what age was he or she moved from a crib to a bed? Would you say...(READ LIST)

- 01 Under 24 months,
- 02 24 up to 30 months,
- 03 30 up to 36 months, or
- 04 36 months or older?

- 05 **DO NOT READ:** Child never slept in a crib
- 06 **DO NOT READ:** Child sleeps in a bed other than his/her own bed
- 97 **DO NOT READ:** Child is still in crib
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

SECTION 1b:
0 to 4 Year Olds and 5 Year Olds Who Are In Preschool

IF S3 (0-4) or [S3 (05) and S6 (01)], ASK Q32. OTHERWISE, SKIP TO Q33

32. Approximately how many hours per week is [CHILD] usually cared for by someone other than a parent or primary caregiver, including attending a preschool program?
(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")

Hours: _____
Minutes: _____

SECTION 1c:
Kindergarten and above

IF [S3 = >4 and S6 (02-09)], ASK Q33-46. OTHERWISE, SKIP TO Q47

33. What time does [CHILD]'s school start?
(RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED." IF CHILD IS HOMESCHOOLED BEGINNING AT NO SET TIME, RECORD 97)

__ __: __ __ HOUR:MINUTE

34. What time does [CHILD]'s school end? (RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED.")

__ __ : __ __ HOUR:MINUTE

35. Does [CHILD] attend... (READ LIST)

- | | | | |
|----|---------------------------------------|---|-------------|
| 01 | Before school care, | → | CONTINUE |
| 02 | After school care, | → | GO TO Q35c |
| 03 | Both before and after school care, or | → | CONTINUE |
| 04 | Neither before nor after school care? | → | SKIP TO Q36 |
| 98 | DO NOT READ: Refused | → | SKIP TO Q36 |
| 99 | DO NOT READ: Don't know | → | SKIP TO Q36 |

IF (01 OR 03) IN Q35, ASK Q35a. OTHERWISE, SKIP TO Q35c.

35a. How many days per week does [CHILD] attend before school care? (DO NOT READ LIST.)

- 01 One
- 02 Two
- 03 Three
- 04 Four
- 05 Five or more
- 98 Refused
- 99 Don't know

35b. Approximately what time does [CHILD] arrive at his/her before school care? (RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")

__ __ : __ __ HOUR:MINUTE

IF (02 OR 03) IN Q35, ASK Q35c. OTHERWISE, SKIP TO Q36.

35c. How many days per week does [CHILD] attend after school care? (DO NOT READ LIST.)

- 01 One
- 02 Two
- 03 Three
- 04 Four
- 05 Five or more
- 98 Refused
- 99 Don't know

35d. Approximately what time does [CHILD] leave his/her after school care? (RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")

__ __ : __ __ HOUR:MINUTE

IF [S3 >4 AND S6 (02-09)], ASK Q36-46. OTHERWISE, SKIP TO Q47.

36. What time does **[CHILD]** usually leave the house in the morning for school or before-school care?
(RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

__ __ : __ __ HOUR:MINUTE

37. How would you rate **[CHILD]**’s academic performance last year? Would you say it was...**(READ LIST)**

- 05 Excellent,
04 Above average,
03 Average,
02 Below average, or
01 Failing?
- 96 **DO NOT READ:** Child’s school does not give grades
97 **DO NOT READ:** Child’s first year/Did not go to school last year
98 **DO NOT READ:** Refused
99 **DO NOT READ:** Don’t know

LIFESTYLE

38. Does **[CHILD]** participate in any activities outside of school hours or on the weekend, such as sports, boy/girl scouts, music lessons, dance lessons, or another type of activity?

- 01 Yes → **CONTINUE**
02 No → **SKIP TO Q39a**
98 Refused → **SKIP TO Q39a**
99 Don’t know → **SKIP TO Q39a**

IF (01) IN Q38, ASK Q38a-c. OTHERWISE, SKIP TO Q39a

- 38a. What is the total number of activities outside of school hours or on the weekend **[CHILD]** typically participates in per week? **(RECORD NUMBER OF ACTIVITIES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)**

Activities: _____

- 38b. What is the approximate number of hours per week **[CHILD]** spends participating in these activities? **(RECORD NUMBER OF HOURS BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)**

Hours: _____

38c. How many days a week does **[CHILD]** have activities that start or end after 6:00 in the evening?
(DO NOT READ LIST)

- 00 None
- 01 One
- 02 Two
- 03 Three
- 04 Four
- 05 Five
- 06 Six
- 07 Seven
- 98 Refused
- 99 Don't know

RANDOMIZE Q39a-d

39a. Thinking about a typical school day, approximately how much time does **[CHILD]** spend on homework while at home per day? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")**

Hours: _____
Minutes: _____

39b. Thinking about a typical school day, approximately how much time does **[CHILD]** spend on the Internet while at home? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")**

Hours: _____
Minutes: _____

39c. Thinking about a typical school day, approximately how much time does **[CHILD]** spend playing computer or video games while at home? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")**

Hours: _____
Minutes: _____

39d. Thinking about a typical school day, approximately how much time does **[CHILD]** spend watching television while at home? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")**

Hours: _____
Minutes: _____

DAYTIME BEHAVIORS/DAYTIME SLEEPINESS

	RANDOMIZE	Yes	No	Don't Know	Refused
40.	Have any of [CHILD] 's teachers ever complained about him/her being sleepy or falling asleep in school?	01	02	99	98
41.	Has [CHILD] 's school ever called you about a problem with his/her behavior?	01	02	99	98
42.	Does [CHILD] have difficulty making friends?	01	02	99	98
43.	Is [CHILD] easily distracted?	01	02	99	98
44.	Does [CHILD] have difficulty sitting still or always seems to be moving?	01	02	99	98

45. How often has **[CHILD]** been late for school due to his/her oversleeping or being too tired? 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?

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

46. How often has **[CHILD]** missed school due to his/her oversleeping or being too tired? 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?

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

ASK EVERYONE

47. Do you shelter **[CHILD]** from stressful situations that may occur in your home, such as witnessing an argument between household members, death in the family, etc.?

- 01 Yes → **SKIP TO Q48**
- 02 No → **CONTINUE**
- 98 Refused → **SKIP TO Q48**
- 99 Don't know → **SKIP TO Q48**

47a. Would you say **[CHILD]**'s sleep is affected by these stressful situations that may occur in your home?

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

48. Do you shelter **[CHILD]** from stressful situations that may occur outside your home either in your community or events that occur elsewhere but are covered in the news, such as a school shooting, warnings about terrorist attacks or similar events?

- 01 Yes → **SKIP TO Q49**
- 02 No → **CONTINUE**
- 98 Refused → **SKIP TO Q49**
- 99 Don't know → **SKIP TO Q49**

48a. Would you say **[CHILD]**'s sleep is affected by these stressful situations that may occur outside your home?

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

IF (01) IN Q47a OR (01) IN Q48a, ASK Q49 AND Q50. OTHERWISE, SKIP TO Q51.

49. Would you say **[CHILD]** (**READ LIST**) due to these stressful situations?

- 01 Gets more sleep,
- 02 Gets less sleep, or
- 03 Gets the same amount of sleep
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

50. Would you say **[CHILD]** (**READ LIST**) due to these stressful situations?

- 01 Has more nighttime awakenings,
- 02 Has less nighttime awakenings, or
- 03 Has the same number of nighttime awakenings
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

SECTION 2: HEALTH (All Children)

CHILD'S HEALTH – ASK EVERYONE

51. Would you rate **[CHILD]**'s overall health as... (**READ LIST**)

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

52. What is **[CHILD]**'s approximate height without shoes? **(RECORD HEIGHT IN FEET AND INCHES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED")**

Feet: _____
Inches: _____

53. What is **[CHILD]**'s approximate weight without shoes? **(RECORD WEIGHT IN POUNDS BELOW. DO NOT ACCEPT RANGES. RECORD 999 FOR "DON'T KNOW" AND 998 FOR "REFUSED")**

Weight: _____

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

55. Has **[CHILD]** ever been given any prescription or over-the-counter medications to help him/her sleep? **(DO NOT READ LIST. PROBE FOR PRESCRIPTION AND/OR OVER-THE-COUNTER.)**

- 01 Yes, prescription medications
- 02 Yes, over-the-counter medications
- 03 Yes, both prescription and over-the-counter medications
- 96 None
- 98 Refused
- 99 Don't know

56. Has **[CHILD]**'s doctor ever asked you about his/her sleep?

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

57. Has **[CHILD]**'s doctor ever asked you whether he/she snores?

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

58. Have you ever asked **[CHILD]**'s doctor about a sleep problem?

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

IF S3 >2, ASK Q59. OTHERWISE, SKIP TO INTRODUCTION BEFORE Q60

59. Thinking about caffeinated beverages such as Coke, Pepsi, Mountain Dew, coffee and iced tea, how many cups or cans of caffeinated beverages does **[CHILD]** typically drink each day? **(RECORD NUMBER BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW", 98 FOR "REFUSED", 00 FOR NONE AND 97 FOR LESS THAN ONE.)**

Caffeinated beverages: _____

SECTION 3: CAREGIVER

PARENT/CAREGIVER SLEEP HABITS – ASK EVERYONE

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

60. 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. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

Hours: _____
Minutes: _____

61. On a weekday, how many hours do you usually sleep during the day?
(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

Hours: _____
Minutes: _____

62. How much sleep do you think *you need* each night?
(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

Hours: _____
Minutes: _____

63. On most nights, do you believe that you get... **(READ LIST)**

- 01 Too little sleep,
- 02 Too much sleep, or
- 03 The right amount of sleep?

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

64. 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?

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

65. How many nights a week (does your child/do your children) awaken you? (**RECORD NUMBER OF NIGHTS BELOW. DO NOT ACCEPT RANGES. RECORD 00 FOR "NONE," 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED."** IF NONE, SKIP TO Q67)

Nights: _____

IF NOT (00) IN Q65, ASK Q66. OTHERWISE, SKIP TO Q67.

66. How much sleep do you lose on an average night because of your (child/children) awakening you at night? Would you say... (**READ LIST**)

- 01 None,
- 02 1-30 minutes,
- 03 31-59 minutes,
- 04 1-2 hours, or
- 05 More than 2 hours?

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

ASK EVERYONE

67. How often does [**CHILD**] go to bed after you do? Would you say... (**READ LIST**)

- 05 Every night or almost every night,
- 04 A few nights a week,
- 03 About once a week,
- 02 Rarely, or
- 01 Never?

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

68. How often does [**CHILD**] wake up in the morning before you do? Would you say... (**READ LIST**)

- 05 Every day or almost every day,
- 04 A few days a week,
- 03 About once a week,
- 02 Rarely, or
- 01 Never?

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

69. How frequently do you experience insomnia, defined as trouble falling asleep, trouble staying asleep, waking too early, or being unable to get back to sleep? Would you say... **(READ LIST)**

- 05 Every night or almost every night, → **CONTINUE**
- 04 A few nights a week, → **CONTINUE**
- 03 About once a week, → **CONTINUE**
- 02 Rarely, or → **CONTINUE**
- 01 Never? → **SKIP TO QUESTION 71**

- 98 **DO NOT READ:** Refused → **SKIP TO QUESTION 71**
- 99 **DO NOT READ:** Don't know → **SKIP TO QUESTION 71**

IF (02-05) IN Q69, ASK Q70. OTHERWISE, SKIP TO Q71.

70. Compared to before you had a child or were a caregiver for a child, do you currently experience symptoms of insomnia: **(READ LIST)**

- 05 Much more frequently,
- 04 Somewhat more frequently,
- 03 About as frequently,
- 02 Somewhat less frequently, or
- 01 Much less frequently?

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

PARENTING/CAREGIVER STRESS – ASK EVERYONE

71. Next I'm going to read you some feelings that many people who are parents or caregivers sometimes experience. When you think of your experience as a parent or caregiver, how often do you feel **[INSERT ATTRIBUTE]**? Would you say always, usually, sometimes, rarely or never?

RANDOMIZE		Always	Usually	Sometimes	Rarely	Never	Refused	Don't know
a.	Frustrated	05	04	03	02	01	98	99
b.	Tense	05	04	03	02	01	98	99
c.	Bothered	05	04	03	02	01	98	99
d.	Unhappy	05	04	03	02	01	98	99
e.	Emotionally worn out	05	04	03	02	01	98	99

72. How much stress does **[CHILD]'s** sleep habits cause in your marriage or relationship? Would you say a ... **(READ LIST)**

- 01 Significant amount of stress,
- 02 Moderate amount of stress,
- 03 A little stress, or
- 04 No stress?

- 96 **DO NOT READ:** Not married/No relationship
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

73. After a night of not getting enough sleep, how would you describe your energy level with [CHILD]?
Would you say you are: **(READ LIST)**

- 05 Much more energetic,
- 04 Somewhat more energetic,
- 03 About the same,
- 02 Somewhat less energetic, or
- 01 Much less energetic?

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

DROWSY DRIVING – ASK EVERYONE

74. In the last year, have you...**(READ LIST. RANDOMIZE. IF DON'T DRIVE OR DON'T HAVE A LICENSE, SKIP TO Q75)**

		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

EMPLOYMENT – ASK EVERYONE

75. 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. RECORD 998 FOR "REFUSED" AND 999 FOR "DON'T KNOW." RECORD 000 FOR NONE)**

Hours: _____

76. On average, how many total hours does your spouse or partner work per week at a job for which he or she is paid? **(RECORD NUMBER OF HOURS BELOW. DO NOT ACCEPT RANGES. RECORD 998 FOR "REFUSED" AND 999 FOR "DON'T KNOW." RECORD 997 IF HAVE NO SPOUSE. RECORD 000 FOR NONE. IF (96) IN Q72, SKIP TO Q77.)**

Hours: _____

SECTION 11: DEMOGRAPHICS

77. These next few questions are for classification purposes only and will 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
78. What is your age? _____
(ENTER AGE AS 3 DIGITS (EX: AGE = 65, ENTER AS 065. RECORD 998 FOR "REFUSED")
79. What is the total number of individuals living in your home including yourself? _____
80. 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/GED
 - 04 Vocational/Tech school
 - 05 Some college
 - 06 Graduated college
 - 07 Advanced degree (M.A., Ph.D., etc.)
 - 98 Refused
81. Would you consider **[CHILD]** 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
 - 04 Asian
 - 05 American Indian
 - 95 Other **(SPECIFY):** _____
 - 98 Refused
82. 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
 - 04 Asian
 - 05 American Indian
 - 95 Other **(SPECIFY):** _____
 - 98 Refused

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

- 01 Under \$20,000,
- 02 \$20,000 up to \$40,000,
- 03 \$40,000 up to \$75,000,
- 04 \$75,000 up to \$100,000, or
- 05 \$100,000 or more?

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

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?

IF RESPONDENT ASKS FOR MORE INFORMATION ON THE NATIONAL SLEEP FOUNDATION, SAY:

For more information on the National Sleep Foundation, you can visit their Web site at www.sleepfoundation.org.

RECORD NAME AND CONFIRM PHONE NUMBER FOR SUPERVISOR VERIFICATION