

**NATIONAL SLEEP FOUNDATION  
2007 SLEEP IN AMERICA POLL  
SCREENING QUESTIONNAIRE**

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

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

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**ASK TO SPEAK TO FEMALE MEMBER OF HOUSEHOLD.**

Hello, my name is \_\_\_\_ with WB&A, a national research firm. I am calling on behalf of the National Sleep Foundation to conduct a survey about sleep among women in America. This is not a sales call; it is a national research survey. Your responses will be kept strictly confidential. **(IF ASKED READ:** This survey will take approximately 15-20 minutes of your time, depending on your responses.)

S1. Please stop me when I reach the category which includes your age. **(READ LIST.)**

- |    |                             |  |
|----|-----------------------------|--|
| 01 | Under 18                    | → <b>ASK TO SPEAK TO FEMALE AGES 18-64 AND RETURN TO INTRODUCTION.</b> |
| 02 | 18-49                       | → <b>CONTINUE</b>  |
| 03 | 50-64                       | → <b>CONTINUE</b>  |
| 04 | 65 or older                 | → <b>ASK TO SPEAK TO FEMALE AGES 18-64 AND RETURN TO INTRODUCTION.</b> |
| 98 | <b>DO NOT READ:</b> Refused | → <b>THANK AND TERMINATE</b>   |

S2. On how many nights can you say “I had a good night’s sleep”? Would you say...**(READ LIST.)**

- |    |                                    |
|----|------------------------------------|
| 05 | Every night or almost every night, |
| 04 | A few nights a week,               |
| 03 | A few nights a month,              |
| 02 | Rarely, or                         |
| 01 | Never?                             |
| 98 | <b>DO NOT READ:</b> Refused        |
| 99 | <b>DO NOT READ:</b> Don’t know     |

S3. In general, how would you rate your overall health now? **(READ LIST.)**

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

S4. Which of the following statements, if any, describes you? **(READ LIST.)**

	Yes	No	Refused	Don't Know
a. I have given birth in the past six months. →QUOTA (n=150)	01	02	98	99
b. I am currently pregnant. →QUOTA (n=150)	01	02	98	99
c. I have given birth more than six months ago.	01	02	98	99

S5. Do you have any children under 18 living at home with you?

- 01 Yes → CONTINUE
- 02 No → SKIP TO S8
- 98 Refused → SKIP TO S8

**IF S5(01), ASK S6\_1. OTHERWISE, SKIP TO S8.**

S6\_1. Starting with your youngest child living in your household, what is your child's age in years and/or months? **(IF CHILD IS LESS THAN 1 MONTH OLD, ENTER 00 FOR MONTHS.)**

S7. How often does this child sleep through the night? Would you say all the time, most of the time, some of the time, rarely or never?

**ASK S7 IMMEDIATELY AFTER S6 FOR EACH CHILD BEFORE GOING TO THE NEXT CHILD. ALLOW UP TO SIX CHILDREN. AFTER ANY 96 RESPONSE, SKIP TO S8.**

S6\_2. What is the age of the next youngest child living in your household?

	Child 1 (Youngest)	Child 2	Child 3	Child 4	Child 5	Child 6
<b>S6. Age</b>	___ Years ___ Months 98 Refused	___ Years ___ Months 96 No other child 98 Refused	___ Years ___ Months 96 No other child 98 Refused	___ Years ___ Months 96 No other child 98 Refused	___ Years ___ Months 96 No other child 98 Refused	___ Years ___ Months 96 No other child 98 Refused
<b>S7. Sleep habits</b>	05 All 04 Most 03 Some 02 Rarely 01 Never 98 Refused 99 Don't know	05 All 04 Most 03 Some 02 Rarely 01 Never 98 Refused 99 Don't know	05 All 04 Most 03 Some 02 Rarely 01 Never 98 Refused 99 Don't know	05 All 04 Most 03 Some 02 Rarely 01 Never 98 Refused 99 Don't know	05 All 04 Most 03 Some 02 Rarely 01 Never 98 Refused 99 Don't know	05 All 04 Most 03 Some 02 Rarely 01 Never 98 Refused 99 Don't know

S8. **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)**

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

**2007 SLEEP IN AMERICA POLL  
 MAIN QUESTIONNAIRE**

**SLEEP HABITS – ASK EVERYONE**

As I mentioned earlier, this survey is about sleep habits among women in America. 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) | 15 | 8:00 AM – 8:14 AM         |
| 02 | 12:01 AM – 4:59 AM  | 16 | 8:15 AM – 8:29 AM         |
| 03 | 5:00 AM – 5:14 AM   | 17 | 8:30 AM – 8:44 AM         |
| 04 | 5:15 AM – 5:29 AM   | 18 | 8:45 AM – 8:59 AM         |
| 05 | 5:30 AM – 5:44 AM   | 19 | 9:00 AM – 9:14 AM         |
| 06 | 5:45 AM – 5:59 AM   | 20 | 9:15 AM – 9:29 AM         |
| 07 | 6:00 AM – 6:14 AM   | 21 | 9:30 AM – 9:44 AM         |
| 08 | 6:15 AM – 6:29 AM   | 22 | 9:45 AM – 9:59 AM         |
| 09 | 6:30 AM – 6:44 AM   | 23 | 10:00 AM – 10:59 AM       |
| 10 | 6:45 AM – 6:59 AM   | 24 | 11:00 AM – 11:59 AM       |
| 11 | 7:00 AM – 7:14 AM   | 25 | 12:00 PM (Noon) – 5:59 PM |
| 12 | 7:15 AM – 7:29 AM   | 26 | 6:00 PM – 11:59 PM        |
| 13 | 7:30 AM – 7:44 AM   | 98 | Refused                   |
| 14 | 7:45 AM – 7:59 AM   | 99 | Don't know                |

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)       | 14 | 10:00 PM – 10:14 PM |
| 02 | 12:01 AM – 12:59 AM       | 15 | 10:15 PM – 10:29 PM |
| 03 | 1:00 AM – 1:59 AM         | 16 | 10:30 PM – 10:44 PM |
| 04 | 2:00 AM – 5:00 AM         | 17 | 10:45 PM – 10:59 PM |
| 05 | 5:01 AM – 8:59 AM         | 18 | 11:00 PM – 11:14 PM |
| 06 | 9:00 AM – 11:59 AM        | 19 | 11:15 PM – 11:29 PM |
| 07 | 12:00 PM (Noon) – 6:59 PM | 20 | 11:30 PM – 11:44 PM |
| 08 | 7:00 PM – 7:59 PM         | 21 | 11:45 PM – 11:59 PM |
| 09 | 8:00 PM – 8:59 PM         | 98 | Refused             |
| 10 | 9:00 PM – 9:14 PM         | 99 | Don't know          |
| 11 | 9:15 PM – 9:29 PM         |    |                     |
| 12 | 9:30 PM – 9:44 PM         |    |                     |
| 13 | 9:45 PM – 9:59 PM         |    |                     |

3. 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)	15	8:00 AM – 8:14 AM
02	12:01 AM – 4:59 AM	16	8:15 AM – 8:29 AM
03	5:00 AM – 5:14 AM	17	8:30 AM – 8:44 AM
04	5:15 AM – 5:29 AM	18	8:45 AM – 8:59 AM
05	5:30 AM – 5:44 AM	19	9:00 AM – 9:14 AM
06	5:45 AM – 5:59 AM	20	9:15 AM – 9:29 AM
07	6:00 AM – 6:14 AM	21	9:30 AM – 9:44 AM
08	6:15 AM – 6:29 AM	22	9:45 AM – 9:59 AM
09	6:30 AM – 6:44 AM	23	10:00 AM – 10:59 AM
10	6:45 AM – 6:59 AM	24	11:00 AM – 11:59 AM
11	7:00 AM – 7:14 AM	25	12:00 PM (Noon) – 5:59 PM
12	7:15 AM – 7:29 AM	26	6:00 PM – 11:59 PM
13	7:30 AM – 7:44 AM	98	Refused
14	7:45 AM – 7:59 AM	99	Don't know

4. 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)	14	10:00 PM – 10:14 PM
02	12:01 AM – 12:59 AM	15	10:15 PM – 10:29 PM
03	1:00 AM – 1:59 AM	16	10:30 PM – 10:44 PM
04	2:00 AM – 5:00 AM	17	10:45 PM – 10:59 PM
05	5:01 AM – 8:59 AM	18	11:00 PM – 11:14 PM
06	9:00 AM – 11:59 AM	19	11:15 PM – 11:29 PM
07	12:00 PM (Noon) – 6:59 PM	20	11:30 PM – 11:44 PM
08	7:00 PM – 7:59 PM	21	11:45 PM – 11:59 PM
09	8:00 PM – 8:59 PM	98	Refused
10	9:00 PM – 9:14 PM	99	Don't know
11	9:15 PM – 9:29 PM		
12	9:30 PM – 9:44 PM		
13	9:45 PM – 9:59 PM		

**FALLING ASLEEP HABITS – ASK EVERYONE**

5. Thinking about your sleep and sleep habits within the past month, how often have you done the following in the hour before you went to bed? Would you say that in the past month you **[INSERT]** within an hour of going to bed every night or almost every night, a few nights a week, a few nights a month, rarely or never? **(RANDOMIZE. ALWAYS ASK I DIRECTLY AFTER H.)**

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Not Applicable	Refused	Don't know
a. Did work relating to your job	05	04	03	02	01	96	98	99
b. Watched TV	05	04	03	02	01	96	98	99
c. Listened to the radio or music	05	04	03	02	01	96	98	99
d. Were on the computer or Internet	05	04	03	02	01	96	98	99
e. Read	05	04	03	02	01	96	98	99
f. Had sex	05	04	03	02	01	96	98	99
g. Exercised	05	04	03	02	01	96	98	99
h. Did activities with children	05	04	03	02	01	96	98	99
i. Did activities with other family	05	04	03	02	01	96	98	99
j. Did activities with friends	05	04	03	02	01	96	98	99
k. Drank an alcoholic beverage	05	04	03	02	01	96	98	99
l. Took a hot bath or shower	05	04	03	02	01	96	98	99
m. Completed household chores	05	04	03	02	01	96	98	99

6. Most nights, do you sleep...**(READ LIST. MULTIPLE RESPONSES ACCEPTED EXCEPT WITH 01.)**

- 01 Alone,
- 02 With your significant other,
- 03 With an infant,
- 04 With your children,
- 05 With a pet,
- 95 Or with someone or something else? **(SPECIFY:)** \_\_\_\_\_
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**PSYCHOGRAPHICS – ASK EVERYONE**

7. In the past month, would you say you have been bothered or troubled by **[INSERT]** a lot, sometimes or not at all? **(RANDOMIZE.)**

	A lot	Sometimes	Not at all	Refused	Don't know
a. Feeling unhappy, sad or depressed	03	02	01	98	99
b. Feeling hopeless about the future	03	02	01	98	99
c. Feeling nervous or tense	03	02	01	98	99
d. Worrying too much about things	03	02	01	98	99
e. Being stressed out or anxious	03	02	01	98	99

**NAPPING – ASK EVERYONE**

8. On average, how many times during the week do you take a nap? Would you say... **(READ LIST.)**

- 01 None,  → **SKIP TO Q10**
- 02 1 time,
- 03 2 or 3 times,
- 04 4 or 5 times, or  → **CONTINUE**
- 05 More than 5 times?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know  → **SKIP TO Q10**

**IF Q8(03-05), ASK Q9. OTHERWISE SKIP TO Q10.**

9. On average, how long would you say you usually nap? Would you say... **(READ LIST.)**

- 01 Less than 15 minutes,
- 02 15 up to 30 minutes,
- 03 30 up to 45 minutes,
- 04 45 minutes up to 1 hour, or
- 05 1 hour or more?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**SLEEP PROBLEMS/DISORDERS – ASK EVERYONE**

10. How often **[INSERT]** in the past month? Would you say every night or almost every night, a few nights a week, a few nights a month, rarely or never? **(RANDOMIZE.)**

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

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

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. Have unpleasant feelings in your legs like creepy, crawly or tingly feelings at night with an urge to move when you lie down to sleep	05	04	03	02	01	98	99
b. Move your body frequently or have twitches often during the night	05	04	03	02	01	98	99

12. According to your own experiences or what others tell you, do you snore? **(DO NOT READ LIST.)**

- 01 Yes  → **CONTINUE**  
 02 No   
 98 Refused  → **SKIP TO Q15**  
 99 Don't know

**IF Q12(01), ASK Q13-14. OTHERWISE, SKIP TO Q15.**

13. Would you say your snoring is...**(READ LIST.)**

- 04 Slightly louder than breathing,  
 03 As loud as talking,  
 02 Louder than talking, or  
 01 Very loud and can be heard in adjacent rooms?  
 98 **DO NOT READ:** Refused  
 99 **DO NOT READ:** Don't know

14. How often would you say that you snore? Would you say you snore...**(READ LIST.)**

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



**ASK EVERYONE**

15. According to your own experiences or what others have told you, how often have you quit breathing during your sleep? Would you say...**(READ LIST.)**

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

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

16. Have you ever been told by a doctor that you have any of the following sleep problems? **(READ LIST. RANDOMIZE. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Sleep Apnea,
- 02 Restless legs syndrome,
- 03 Insomnia,
- 04 Narcolepsy,
  
- 95 Or something else? **(SPECIFY:)** \_\_\_\_\_

- 96 **DO NOT READ:** None
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**IF MENTIONED IN Q16, ASK Q17. OTHERWISE, SKIP TO Q18.**

17. Have you ever received treatment for...? **(READ LIST)**

	<b>Yes</b>	<b>No</b>	<b>Refused</b>	<b>Don't know</b>
a. Sleep Apnea	01	02	98	99
b. Restless legs syndrome	01	02	98	99
c. Insomnia	01	02	98	99
d. Narcolepsy	01	02	98	99

**ASK EVERYONE**

18. What, if anything, awakens you during the night? **(DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Noise
- 02 Light
- 03 Stress
- 04 Finances
- 05 Too hot or too cold
- 06 Pain/Discomfort
- 07 Nightmares
- 08 World or current events
- 09 The need to go to the bathroom
- 10 Wake up for no apparent reason
- 11 Heartburn
- 12 Acid reflux
- 13 Giving care to child
- 14 Giving care to elderly parent
- 15 Giving care to someone else
- 16 Spouse/Bed partner
- 17 Hungry
- 18 Medication side effects
- 19 Pets
- 95 Something else **(SPECIFY:)** \_\_\_\_\_
- 96 Nothing awakens me at night
- 98 Refused
- 99 Don't know

**MEDICATIONS – ASK EVERYONE**

19. How frequently do you use the following sleep aids specifically to help you sleep? Would you say you use **[INSERT]** every night or almost every night, a few nights a week, a few nights a month, rarely, or never? **(RANDOMIZE.)**

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. Over-the-counter or store-bought sleep aids	05	04	03	02	01	98	99
b. A combination sleep aid and pain reliever, such as Tylenol PM	05	04	03	02	01	98	99
c. Sleep medication prescribed by a doctor	05	04	03	02	01	98	99
d. Anti-depressants prescribed by a doctor	05	04	03	02	01	98	99
e. Alternative therapy, such as acupuncture or herbal supplements such as Melatonin or Valerian	05	04	03	02	01	98	99
f. Alcohol, beer or wine	05	04	03	02	01	98	99
g. An eye mask or earplugs	05	04	03	02	01	98	99

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

21. How likely are you to doze off or fall asleep while doing the following activities, in contrast to just feeling tired? Would you say you have no chance of dozing, a moderate chance of dozing, or a high chance of dozing while [INSERT]? **(RANDOMIZE. ALWAYS ASK A&B AS FIRST TWO ATTRIBUTES.)**

		No chance	Moderate chance	High chance	Refused	Don't know
a.	Sitting and reading	01	02	03	98	99
b.	Watching TV	01	02	03	98	99
c.	Sitting inactive in a public place such as a theater or meeting	01	02	03	98	99
d.	In a car	01	02	03	98	99
e.	<b>OMITTED</b>	01	02	03	98	99
f.	Sitting and talking to someone	01	02	03	98	99
g.	Sitting quietly after a lunch without alcohol	01	02	03	98	99
h.	<b>OMITTED</b>	01	02	03	98	99
i.	Doing activities related to caring for a child or other family member	01	02	03	98	99
j.	<b>OMITTED</b>	01	02	03	98	99
k.	While in front of the computer	01	02	03	98	99

22. Do sleep problems interfere with... **(READ LIST. USE 96 FOR DO NOT HAVE SLEEP PROBLEMS AND AFTER ANY 96 RESPONSE, SKIP TO Q23.)** If you do not have any sleep problems please say so.

	Yes	No	Do not have sleep problems	Refused	Don't know
a. Your job performance	01	02	96	98	99
b. Carrying out household duties	01	02	96	98	99
c. <b>ASK ONLY IF S5(01):</b> Your relationship with your child or children	01	02	96	98	99
d. Your relationship with your spouse or partner	01	02	96	98	99
e. Caring for your family	01	02	96	98	99
f. Your relationship with your extended family or friends	01	02	96	98	99

23. Thinking about your typical day, what are you unable to do because you are too sleepy or you run out of time? Are you too sleepy or wish you had more time to ...? **(READ LIST.)**

	Yes	No	Refused	Don't know
a. Do job-related work	01	02	98	99
b. Spend time with family or friends	01	02	98	99
c. Sleep	01	02	98	99
d. Have sex	01	02	98	99
e. Do leisure activities such as watching TV or reading	01	02	98	99
f. Exercise	01	02	98	99
g. Eat right or cook a healthy meal	01	02	98	99

24. How many days in the past month have you missed work because you were too sleepy or you had a sleep problem? Would you say...**(READ LIST.)**

- |                            |   |   |                   |
|----------------------------|---|---|-------------------|
| 01<br>02<br>03<br>04<br>05 | None,<br>1 to 2 days,<br>3 to 5 days,<br>6 to 10 days, or<br>More than 10 days? | } | <b>→ CONTINUE</b> |
|----------------------------|---|---|-------------------|

- |                |  |   |
|----------------|--|---|
| 96<br>98<br>99 | <b>DO NOT READ:</b> Do not work<br><b>DO NOT READ:</b> Refused<br><b>DO NOT READ:</b> Don't know | <b>→ SKIP TO Q26</b><br><b>→ SKIP TO Q26</b><br><b>→ CONTINUE</b> |
|----------------|--|---|

**IF [Q24(96 or 98)], SKIP TO Q26. OTHERWISE ASK Q25.**

25. In the past month, how many days were you late or tardy to work because you **[INSERT]**? Was it none, 1 to 2 days, 3 to 5 days, 6 to 10 days, or more than 10 days? **(RANDOMIZE.)**

		None	1 to 2 days	3 to 5 days	6 to 10 days	More than 10 days	Refused	Don't know
a.	Went to bed too late	01	02	03	04	05	98	99
b.	Slept too late	01	02	03	04	05	98	99
c.	Felt too sleepy when you woke up	01	02	03	04	05	98	99
d.	Have a sleep problem	01	02	03	04	05	98	99
e.	Were taking care of a child or had family responsibilities	01	02	03	04	05	98	99

**ASK EVERYONE.**

26. How likely are you to do each of the following to help you get through the day when you are sleepy during the day? Would you say that you are very likely, somewhat likely or not likely to **[INSERT]**? **(READ LIST.)**

		Very Likely	Somewhat Likely	Not Likely	Refused	Don't Know
a.	Take a nap	03	02	01	98	99
b.	Use alerting medication, prescription or over-the-counter drugs	03	02	01	98	99
c.	Accept it and keep going	03	02	01	98	99
d.	<b>OMITTED</b>	03	02	01	98	99
e.	Do less during the day	03	02	01	98	99
f.	Go to bed early that night	03	02	01	98	99
g.	Make up for it by getting more sleep on the weekend	03	02	01	98	99
h.	<b>OMITTED</b>	03	02	01	98	99
i.	Use caffeinated beverages such as coffee, soda or tea	03	02	01	98	99
j.	Exercise	03	02	01	98	99
k.	Eat foods that are high in sugar or carbohydrates	03	02	01	98	99
l.	Smoke a cigarette	03	02	01	98	99
m.	Be in a bad mood, sad or angry	03	02	01	98	99
n.	<b>OMITTED</b>	03	02	01	98	99

**DROWSY DRIVING – ASK EVERYONE**

27. In the past year, how often have you driven a car or motor vehicle while feeling drowsy? Would you say you have driven drowsy...**(READ LIST.)**

- 05 3 or more times a week,
- 04 1 to 2 times a week,
- 03 1 to 2 times a month,
- 02 Less than once a month, or
- 01 Never?

- 96 **DO NOT READ:** Don't drive/Don't have a license → **SKIP TO Q31**
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**IF DON'T DRIVE OR DON'T HAVE A LICENSE (96) IN Q27, SKIP TO Q31. OTHERWISE ASK Q28.**

28. In the past year, have you had an accident or a near accident because you dozed off or were too tired while driving? **(DO NOT READ LIST.)**

- 01 Yes → **CONTINUE**
  - 02 No
  - 98 Refused
  - 99 Don't know
- } → **SKIP TO Q30**

**IF Q28(01), ASK Q29. OTHERWISE SKIP TO Q30.**

29. In the past year, how often have you had an accident or a near accident because you dozed off or were too tired while driving? Would you say...**(READ LIST.)**

- 05 3 or more times a week,
- 04 1 to 2 times a week,
- 03 1 to 2 times a month, or
- 02 Less than once a month?

- 01 **DO NOT READ:** Never/Did not have accident or near accident
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**IF (01) or (96) IN Q27, SKIP TO Q31. OTHERWISE ASK Q30.**

30. Have you ever driven drowsy **[INSERT]?** **(RANDOMIZE.)**

	Yes	No	Refused	Don't Know
a. Going to and from work	01	02	98	99
b. <b>OMITTED</b>	01	02	98	99
c. On the way to and from social events	01	02	98	99
d. <b>OMITTED</b>	01	02	98	99
e. <b>OMITTED</b>	01	02	98	99
f. <b>OMITTED</b>	01	02	98	99
g. Alone in the car	01	02	98	99
h. With children in the car	01	02	98	99

**HEALTH – ASK EVERYONE**

31. Thinking about caffeinated beverages such as soda, soft drinks, coffee and tea, how many cups or cans of caffeinated beverages do you typically drink each **day**? **(RECORD AS TWO DIGIT 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: \_\_\_\_\_

32. Now, thinking about alcoholic beverages such as beer, wine, liquor or mixed drinks, how many alcoholic beverages do you typically drink each **week**? **(RECORD AS TWO DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW”, 98 FOR “REFUSED”, 00 FOR “NONE” AND 97 FOR “LESS THAN ONE”).**

Alcoholic beverages: \_\_\_\_\_

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

\_\_\_\_\_  
**(RECORD HEIGHT)**

34. What is your weight without shoes? **(RECORD WEIGHT IN POUNDS AS A THREE DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES.)**

\_\_\_\_\_  
**(RECORD WEIGHT)**

**COMPUTER WILL CALCULATE BMI (BODY MASS INDEX)**

35. Have you ever been told by a doctor that you have or have had any of the following medical conditions? **(READ LIST. RANDOMIZE. ALWAYS ASK G DIRECTLY AFTER F.)**

	<b>Yes</b>	<b>No</b>	<b>Refused</b>	<b>Don't know</b>
a. Heart disease	01	02	98	99
b. High blood pressure	01	02	98	99
c. Diabetes	01	02	98	99
d. Thyroid problems	01	02	98	99
e. Arthritis	01	02	98	99
f. Breast cancer	01	02	98	99
g. Other form of cancer	01	02	98	99
h. Polycystic <b>(POL-EE-SIS-TIK)</b> ovaries	01	02	98	99
i. Heartburn or GERD <b>(GERD)</b>	01	02	98	99
j. Lung disease	01	02	98	99
k. Fibromyalgia <b>(FY-BRO-MY-AL-GEE-UH)</b>	01	02	98	99
l. Lupus	01	02	98	99
m. Multiple sclerosis <b>(SKLEH-ROH-SIS)</b>	01	02	98	99
n. Parkinson's disease	01	02	98	99
o. Depression	01	02	98	99
p. Anxiety disorder such as panic disorder or post traumatic stress disorder	01	02	98	99
q. Fibroids	01	02	98	99
r. Chronic fatigue syndrome	01	02	98	99
s. Gestational diabetes <b>(JE-STAY-SHUN-AL)</b>	01	02	98	99
t. Preeclampsia <b>(PREE-IH-KLAMP-SEE-UH)</b> /Hypertension of pregnancy	01	02	98	99

36. Are you currently taking or using [INSERT]? (READ LIST. RANDOMIZE.)

	Yes	No	Refused	Don't know
a. Hormone replacement therapy (Premarin) (PREM-UH-RIN)	01	02	98	99
b. Estrogen replacement therapy or patch	01	02	98	99
c. Hormonal contraceptives such as the Pill, contraceptive implant or a contraceptive vaginal ring	01	02	98	99
d. Fertility drugs	01	02	98	99

**MENSTRUAL CYCLE – ASK EVERYONE.**

**READ:** Now I'd like to ask you some questions about your menstrual cycle.

37. Considering the past 6 months, would you say that your menstrual cycles are... (READ LIST.)

- 01 Regular, that is, predictable within 1-2 days → CONTINUE
- 02 Somewhat irregular, that is, between 2-7 days → CONTINUE
- 03 Irregular, that is, more than 7 days → CONTINUE
- 04 Unpredictable, that is, skipped a period, → CONTINUE
  
- 05 Very unpredictable, that is, skipped 2 or more periods in the past 6 months or no period in the past two months, or → SKIP TO Q42
  
- 06 You haven't had a period in the last 12 months? → SKIP TO Q42
  
- 98 **DO NOT READ:** Refused → SKIP TO Q42
- 99 **DO NOT READ:** Don't know → SKIP TO Q42

**IF Q37(01-04), ASK Q38-Q41. OTHERWISE SKIP TO Q42.**

38. Do you suffer from premenstrual syndrome or PMS? Would you say... (READ LIST.)

- 01 Yes, with symptoms that completely disrupt my life,
- 02 Yes, but with symptoms that have a minor impact on my life, or
- 03 No?
  
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

39. Is your sleep disturbed during your period compared with other times of your menstrual cycle?

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

40. Is your sleep disturbed during the week before your period compared with other times of your menstrual cycle?

- 01 Yes → CONTINUE
- 02 No → SKIP TO Q42
- 98 Refused → SKIP TO Q42
- 99 Don't know → SKIP TO Q42



**IF Q40(01), ASK Q41. OTHERWISE SKIP TO Q42.**

41. Which of the following disturbs your sleep? Is your sleep affected by... **(READ LIST. RANDOMIZE.)**

		<b>Yes</b>	<b>No</b>	<b>Refused</b>	<b>Don't know</b>
a.	Cramps or pain	01	02	98	99
b.	Nausea or Diarrhea	01	02	98	99
c.	Constipation	01	02	98	99
d.	Bloating	01	02	98	99
e.	Headaches	01	02	98	99
f.	Tender or painful breasts	01	02	98	99
g.	Depression or anxiety	01	02	98	99

**MENOPAUSE – ASK EVERYONE**

42. Do you or your doctor think that... **(READ LIST.)**

- 01 You may be going through peri-menopause, that is, you have changes in your periods but have not gone 12 months in a row without a period, **→CONTINUE**
- 02 You are postmenopausal, or **→CONTINUE**
- 03 You are neither peri- nor post-menopausal? **→SKIP TO Q44/Q48/Q57/Q60**
- 98 **DO NOT READ:** Refused **→SKIP TO Q44/Q48/Q57/Q60**
- 99 **DO NOT READ:** Don't know **→SKIP TO Q44/Q48/Q57/Q60**

43. In the past month, how many nights did you have a hard time sleeping due to hot flashes or night sweats? **(READ LIST.)**

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

**PREGNANT WOMEN ONLY – ASK IF S4b(01)**

**READ:** Earlier you said you are currently pregnant. Now I would like to ask you a few questions about your pregnancy.

44. How many weeks pregnant are you? **(DO NOT READ LIST.)**

- 01 12 weeks or less (1-3 months)
- 02 13-27 weeks (4-6 months)
- 03 28 or more weeks (7 months or more)
- 96 Not pregnant **→ SKIP TO Q48/Q57/Q60 AND BACKCODE S4b**
- 98 Refused
- 99 Don't know/Not sure

45. Before you became pregnant, how many nights per month would you say you had a good night's sleep? Would you say...(READ LIST.)

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

46. Is your sleep during this pregnancy disturbed by...? (READ LIST. RANDOMIZE.)

		Yes	No	Refused	Don't know
a.	Having to get up to go to the bathroom	01	02	98	99
b.	Pain in your back, neck or joints	01	02	98	99
c.	Dreams	01	02	98	99
d.	Nightmares	01	02	98	99
e.	Contractions	01	02	98	99
f.	Leg cramps	01	02	98	99
g.	Heartburn	01	02	98	99
h.	Nasal congestion	01	02	98	99

47. Please tell me which of the following, if any, you have been experiencing during this pregnancy. Are you experiencing..? (READ LIST. RANDOMIZE.)

		Yes	No	Refused	Don't know
a.	Preeclampsia ( <b>PREE-IH-KLAMP-SEE-UH</b> ) or high blood pressure	01	02	98	99
b.	Gestational ( <b>JE-STAY-SHUN-AL</b> ) diabetes	01	02	98	99
c.	Premature contractions (Braxten-Hicks)	01	02	98	99
d.	Pre-term labor	01	02	98	99

**POST PARTUM WOMEN ONLY – ASK IF S4a(01)**

**READ:** Earlier you said you had recently given birth. Now I would like to ask you a few questions about your most recent pregnancy.

48. Approximately how much weight did you gain during your pregnancy? (RECORD WEIGHT IN POUNDS AS A THREE DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES. RECORD 998 FOR REFUSED AND 999 FOR DON'T KNOW.)

\_\_\_\_\_ pounds

49. After your baby was born, how long did it take for your sleep to return to normal, like it was before you got pregnant? Would you say...(READ LIST.)

- 01 Less than 2 weeks after birth,
- 02 Between 2 to less than 4 weeks after birth,
- 03 Between 4 to less than 6 weeks after birth,

- 04 Between 6 to less than 12 weeks after birth,
- 05 Between 3 to less than 6 months after birth, or
- 06 It has not yet returned to normal?

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

**READ:** I would like to ask you about your experiences with specific sleep-related problems or disorders **during your pregnancy.**

50. According to your own experiences or what others told you, how often did you **[INSERT]**? Would you say every night or almost every night, a few nights a week, a few nights a month, rarely or never? **(RANDOMIZE.)**

	<b>Every night or almost every night</b>	<b>A few nights a week</b>	<b>A few nights a month</b>	<b>Rarely</b>	<b>Never</b>	<b>Refused</b>	<b>Don't know</b>
a. Have unpleasant feelings in your legs like creepy, crawly or tingly feelings at night with an urge to move when you lie down to sleep	05	04	03	02	01	98	99
b. Move your body frequently or have twitches often during the night	05	04	03	02	01	98	99
c. Snore loudly enough to awaken your bed partner or be heard in another room	05	04	03	02	01	98	99
d. Stop breathing or gasp for breath during sleep	05	04	03	02	01	98	99

51. From whom, if anyone, did you receive information during or after your pregnancy about how to prepare for infant care during the night? **(DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 An obstetrician
- 02 A midwife
- 03 Another type of prenatal care provider
- 04 A childbirth class
- 05 Reading a book or magazine
- 06 Internet searches
- 07 Other mothers
- 08 Relatives
- 09 A pediatrician or family physician
- 95 Someone else **(SPECIFY:)** \_\_\_\_\_
- 96 Did not receive information
- 98 Refused
- 99 Don't know

52. Where does your baby sleep most nights? Would you say... **(READ LIST.)**

- 01 In a crib in his or her own room,
- 02 In a crib in parent's room,
- 03 In parent's bed, or
- 95 Some other place? **(SPECIFY:)** \_\_\_\_\_

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

53. For infant feeding, would you say you are...**(READ LIST.)**

- 01 Totally breastfeeding,
- 02 Partially breastfeeding with formula supplements,
- 03 Or mostly formula or bottle feeding?

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

54. Who, if anyone, is helping you to take care of your baby during the night? **(DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Baby's father/Spouse
- 02 Mother or mother-in-law
- 03 Another relative in home
- 04 Another child in home
- 05 A paid nanny
- 95 Someone else **(SPECIFY:)**\_\_\_\_\_

- 96 No one is helping me
- 98 Refused
- 99 Don't know

55. Did you experience postpartum blues or depression?

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

56. How many months old was the baby when you went back to working outside the home? **(RECORD NUMBER OF MONTHS AS A TWO DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES. IF CHILD IS LESS THAN 1 MONTH, ENTER 00 FOR MONTHS.)**

\_\_\_\_\_ months

- 96 **DO NOT READ:** Do not work
- 97 **DO NOT READ:** Have not returned to work
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**PAST PREGNANCIES – ASK IF HAVE CHILD BETWEEN 7 MONTHS AND 5 YEARS OLD (FROM S6) OR (S4c01) BUT DO NOT ASK IF POST-PARTUM (S4a01).**

57. Have you given birth to a child who is now age 7 months to 5 years old?

- 01 Yes →CONTINUE
- 02 No →SKIP TO Q60
- 98 Refused →SKIP TO Q60

**READ:** Please think about your most recent pregnancy for your youngest child when you answer the following questions.

57a. According to your own experiences or what others told you, how often did you **[INSERT]** while you were pregnant? Would you say every night or almost every night, a few nights a week, a few nights a month, rarely, or never? **(RANDOMIZE.)**

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. Have unpleasant feelings in your legs like creepy, crawly or tingly feelings at night with an urge to move when you lie down to sleep	05	04	03	02	01	98	99
b. Move your body frequently or have twitches often during the night	05	04	03	02	01	98	99
c. Snore loudly enough to awaken your bed partner or be heard in another room	05	04	03	02	01	98	99
d. Stop breathing or gasp for breath during sleep	05	04	03	02	01	98	99

**IF Q57a(03-05), ASK Q58. OTHERWISE, SKIP TO Q59/Q60.**

58. Now thinking about these creepy, crawly or tingly feelings in your legs at night, did these unpleasant feelings go away soon after giving birth?

- 01 Yes
- 02 No
- 96 Did not have unpleasant feelings
- 98 Refused
- 99 Don't know/don't remember

**IF Q57c(03-05), ASK Q59. OTHERWISE, SKIP TO Q60.**

59. Did you stop snoring soon after giving birth?

- 01 Yes
- 02 No
- 96 Did not snore during pregnancy
- 98 Refused
- 99 Don't know/don't remember

**EMPLOYMENT – ASK EVERYONE**

60. What has been your employment status over the past month? Were you primarily...**(READ LIST. MULTIPLE RESPONSES ACCEPTED EXCEPT WITH 05, 06, AND 08.)**

- 01 Working more than one job, → CONTINUE
- 02 Working full-time, → CONTINUE
- 03 Working part-time, → CONTINUE
- 04 A student,
- 05 A homemaker,
- 06 Unemployed,
- 07 Retired,
- 08 Disabled,
- 09 Volunteer, or
- 10 On maternity leave?
- 95 **DO NOT READ:** Other **(SPECIFY):** \_\_\_\_\_
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

→ SKIP TO D1

**IF Q60(01, 02 or 03) ASK Q61-Q64. OTHERWISE SKIP TO D1.**

61. Thinking about the past month, which of the following best describes your work schedule for your main job? Would you say that you worked...**(READ LIST.)**

- 01 A regular schedule, **(IF NEEDED, READ:** Anytime between 9 AM and 5 PM)
- 02 An evening shift, **(IF NEEDED, READ:** Anytime between 2 PM and midnight)
- 03 A night shift, **(IF NEEDED, READ:** Anytime between 9 PM to 8 AM)
- 04 A rotating shift, **(IF NEEDED, READ:** One that changes periodically from days to evenings)
- 05 A split shift, **(IF NEEDED, READ:** One consisting of two distinct periods each day)
- 06 An irregular schedule, or
- 07 Some other shift?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

62. What is the main reason why you work this schedule? **(READ LIST. RANDOMIZE. ACCEPT ONLY ONE RESPONSE.)**

- 01 Better arrangements for family or child care,
- 02 Better pay,
- 03 Allows time for school,
- 04 Could not get any other job,
- 05 Local transportation or pollution control program,
- 06 Nature of the job,
- 07 Personal preference, or
- 95 Some other reason **(SPECIFY):** \_\_\_\_\_

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

63. On average, how many total hours per week do you work at a job for which you are paid? **(RECORD NUMBER OF HOURS AS A TWO DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES. RECORD 98 FOR REFUSED, 99 FOR DON'T KNOW AND 96 FOR NONE.)**

\_\_\_\_\_ hours

64. Do you have flexible work hours that allow you to vary or make changes in the time you begin and end work? **(DO NOT READ LIST.)**

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

**DEMOGRAPHICS – ASK EVERYONE**

**READ:** These last few questions are for classification purposes only and will also be kept strictly confidential.

D1. 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

D2. Are you of Hispanic or Latino origin or descent?

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

D3. What is your age? \_\_\_\_\_ **ENTER AGE AS 3 DIGITS (EX: AGE = 32, ENTER AS 032. RECORD 998 FOR REFUSED.)**

D4. 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

D5. Are you the primary caregiver for a parent, spouse or older relative? **(DO NOT READ LIST.)**

- 01 Yes
- 02 No
- 98 Refused

D6. What is the highest level of school that you have completed? **(DO NOT READ LIST.)**

- 01 8<sup>th</sup> grade or less
- 02 Some high school
- 03 Graduated high school
- 04 Vocational/Tech school
- 05 Some college
- 06 Graduated college
- 07 Advanced degree
- 98 Refused

D7. Please stop me when I read the category that includes your annual household income. **(READ LIST.)**

- 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

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?

**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](http://www.sleepfoundation.org).

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