

**NATIONAL SLEEP FOUNDATION
2009 SLEEP IN AMERICA POLL
SCREENING QUESTIONNAIRE**

ASK TO SPEAK TO MALE/FEMALE HEAD OF HOUSEHOLD/NAME ON LIST.

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 people in America. This is not a sales call; it is a national research survey. Your responses will be kept strictly confidential. This call may be monitored for quality assurance purposes. **(IF ASKED READ:** This survey will take approximately 15-20 minutes of your time, depending on your responses.)

S1. Are you at least 18 years of age?

- 01 Yes → **CONTINUE**
- 02 No → **ASK TO SPEAK TO SOMEONE IN HOUSEHOLD 18 OR OLDER**
- 98 Refused → **THANK AND TERMINATE**

S2. 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,
- 02 Working full-time,
- 03 Working part-time,
- 04 A student,
- 05 A homemaker,
- 06 Unemployed,
- 07 Retired,
- 08 Disabled, or
- 09 A volunteer?
- 95 **DO NOT READ:** Other **(SPECIFY):** _____
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

S3. What is your marital status? Are you...? **(READ LIST. ACCEPT ONE RESPONSE ONLY.)**

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

S4. On how many nights would 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 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don’t know

S5. **RECORD, DO NOT ASK:** Gender

- 01 Male
- 02 Female

S6. **RECORD FROM SAMPLE:** Region

- 01 Northeast → **QUOTA (n=190)**
- 02 Midwest → **QUOTA (n=240)**
- 03 South → **QUOTA (n=360)**
- 04 West → **QUOTA (n=210)**

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

**2009 SLEEP IN AMERICA POLL
 MAIN QUESTIONNAIRE**

ASK EVERYONE:

As I mentioned earlier, this survey is about sleep habits among people 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 a weekday? **(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. INTERVIEWER NOTE: "NIGHT" DOES NOT HAVE TO BE PM HOURS.)**

01	12:00 AM (Midnight)	13	9:45 PM – 9:59 PM
02	12:01 AM – 12:59 AM	14	10:00 PM – 10:14 PM
03	1:00 AM – 1:59 AM	15	10:15 PM – 10:29 PM
04	2:00 AM – 5:00 AM	16	10:30 PM – 10:44 PM
05	5:01 AM – 8:59 AM	17	10:45 PM – 10:59 PM
06	9:00 AM – 11:59 AM	18	11:00 PM – 11:14 PM
07	12:00 PM (Noon) – 6:59 PM	19	11:15 PM – 11:29 PM
08	7:00 PM – 7:59 PM	20	11:30 PM – 11:44 PM
09	8:00 PM – 8:59 PM	21	11:45 PM – 11:59 PM
10	9:00 PM – 9:14 PM	98	Refused
11	9:15 PM – 9:29 PM	99	Don't know
12	9:30 PM – 9:44 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. INTERVIEWER NOTE: "NIGHT" DOES NOT HAVE TO BE PM HOURS.)**

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

5. On workdays or weekdays, 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 98 FOR REFUSED AND 99 FOR DON'T KNOW. INTERVIEWER NOTE: RESPONDENT MIGHT NOT SLEEP AT "NIGHT," BUT HOW LONG IN A 24 HOUR PERIOD?)**

Hours: _____
Minutes: _____

6. On days you do not work or 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. RECORD 98 FOR REFUSED AND 99 FOR DON'T KNOW. INTERVIEWER NOTE: RESPONDENT MIGHT NOT SLEEP AT "NIGHT," BUT HOW LONG IN A 24 HOUR PERIOD?)**

Hours: _____
Minutes: _____

7. How many hours of sleep do you need to function at your best during the day? **(DO NOT READ LIST.)**

- | | | | |
|----|-------------------------|----|--------------------------|
| 01 | Less than 3 hours | 09 | 10 to less than 11 hours |
| 02 | 3 to less than 4 hours | 10 | 11 to less than 12 hours |
| 03 | 4 to less than 5 hours | 11 | 12 to less than 13 hours |
| 04 | 5 to less than 6 hours | 12 | 13 to less than 14 hours |
| 05 | 6 to less than 7 hours | 13 | 14 hours or more |
| 06 | 7 to less than 8 hours | 98 | Refused |
| 07 | 8 to less than 9 hours | 99 | Don't know |
| 08 | 9 to less than 10 hours | | |

8. How long, on most nights, does it take you to fall asleep? Would you say...? **(READ LIST.)**

- 01 Less than 5 minutes,
 02 5 up to 10 minutes,
 03 10 up to 15 minutes,
 04 15 up to 30 minutes,
 05 30 up to 45 minutes,
 06 45 minutes up to 1 hour, or
 07 1 hour or more?
- 08 **DO NOT READ:** Depends/Varies
 98 **DO NOT READ:** Refused
 99 **DO NOT READ:** Don't know/Not sure

9. 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.)**

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
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
e. Have you snored	05	04	03	02	01	98	99

10. In the past month, how often did you 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? 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

11. 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

12. I'm going to read you a list of topics or events. For each topic or event, please tell me how often they have disturbed your sleep or kept you up at night in the past month. **[INSERT]**. Would you say every night or almost every night, a few nights a week, a few nights a month, rarely or never? **(READ LIST. RANDOMIZE.)**

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. Employment concerns	05	04	03	02	01	98	99
b. Concerns about personal relationships	05	04	03	02	01	98	99
c. Personal financial concerns, such as mortgage or rent, food or gas	05	04	03	02	01	98	99
d. Health-related concerns	05	04	03	02	01	98	99
e. Healthcare costs	05	04	03	02	01	98	99
f. The U.S. economy	05	04	03	02	01	98	99
g. The war in Iraq or Afghanistan	05	04	03	02	01	98	99
h. Global warming, climate changes or concerns about the environment	05	04	03	02	01	98	99
i. Threat of terrorism	05	04	03	02	01	98	99

13. How frequently do you use the following 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. Sleep medication prescribed by a doctor	05	04	03	02	01	98	99
c. Relaxation techniques	05	04	03	02	01	98	99
d. Alternative therapy, such as acupuncture or herbal supplements such as Melatonin or Valerian	05	04	03	02	01	98	99
e. Alcohol, beer or wine	05	04	03	02	01	98	99

14. Thinking about your typical day, which of the following are you *unable to do* because you are too sleepy? Are you too sleepy to...? **(READ LIST. RANDOMIZE.)**

		Yes	No	Refused	Don't know
a.	Eat healthy	01	02	98	99
b.	Work well and efficiently	01	02	98	99
c.	Have sex	01	02	98	99
d.	Engage in leisure activities	01	02	98	99
e.	Exercise	01	02	98	99

15. 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. RANDOMIZE.)**

		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.	Do less during the day	03	02	01	98	99
e.	Go to bed early that night	03	02	01	98	99
f.	Make up for it by getting more sleep on the weekend	03	02	01	98	99
g.	Use caffeinated beverages such as coffee, soda or tea	03	02	01	98	99
h.	Exercise	03	02	01	98	99
i.	Eat foods that are high in sugar or carbohydrates	03	02	01	98	99
j.	Smoke a cigarette or use tobacco	03	02	01	98	99

16. 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 Q19**

98 **DO NOT READ:** Refused

99 **DO NOT READ:** Don't know

IF DRIVE (Q16≠96), ASK Q17:

17. Have you ever nodded off or fallen asleep, even just for a brief moment while driving a vehicle? **(DO NOT READ LIST.)**

01 Yes → **ASK Q18**

02 No → **SKIP TO Q19**

96 Don't drive/Don't have a license → **SKIP TO Q19**

98 Refused → **SKIP TO Q19**

99 Don't know → **SKIP TO Q19**

IF HAVE NODDED OFF/FALLEN ASLEEP WHILE DRIVING [Q17(01)], ASK Q18:

18. In the past year, have you had an accident or a near accident because you dozed off or were too tired while driving?

01 Yes

02 No

98 Refused

99 Don't know

ASK EVERYONE:

19. How many days within the past three months have you missed family events, leisure activities, work functions or other activities because you were too sleepy or you had a sleep problem? Would you say...? **(READ LIST.)**

01 None,

02 1 to 2 days,

03 3 to 5 days,

04 6 to 10 days, or

05 More than 10 days?

98 **DO NOT READ:** Refused

99 **DO NOT READ:** Don't know

20. In general, how would you rate your current overall health? Would you say...? **(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

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

(RECORD HEIGHT)

22. 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)

23. In the past 30 days, on average, on how many days did you do the following activities? **(READ LIST. RANDOMIZE. ALWAYS ASK 'E' LAST. RECORD NUMBER OF DAYS BELOW. DO NOT ACCEPT RANGES.)**

IF ANSWERED IN Q23(01-30), ASK Q24:

24. And in the past 30 days, on average, how much time per day did you spend doing this activity? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. ASK Q24 DIRECTLY AFTER Q23 FOR EACH ACTIVITY. DO NOT ACCEPT RANGES.)**

Activity	Q23			Q24			
	Days	Refused	Don't know	Hours	Minutes	Refused	Don't know
a. Walking for exercise	_____	98	99	_____	_____	98	99
b. Running or jogging	_____	98	99	_____	_____	98	99
c. Strength and resistance training	_____	98	99	_____	_____	98	99
d. Lower intensity exercises, such as yoga, stretching or toning	_____	98	99	_____	_____	98	99
e. Other aerobic exercises such as aerobic dance or ski or stair machine	_____	98	99	_____	_____	98	99

ASK EVERYONE:

25. Thinking back over the past 30 days, how often did you **[INSERT]**? Would you say every day or almost every day, a few days a week, a few days a month, rarely or never? **(READ LIST. RANDOMIZE. ALWAYS ASK ‘E’ DIRECTLY AFTER ‘D’.)**

	Every day or almost every day	A few days a week	A few days a month	Rarely	Never	Refused	Don't know
a. Have four servings of fruits and vegetables	05	04	03	02	01	98	99
b. Have four servings of whole grains	05	04	03	02	01	98	99
c. Have three cups of low-fat or fat-free dairy	05	04	03	02	01	98	99
d. Have meals from fast food restaurants or eat take-out	05	04	03	02	01	98	99
e. Have meals from sit-down restaurants	05	04	03	02	01	98	99
f. Consume fried foods, such as fried chicken, fried fish or French fries	05	04	03	02	01	98	99
g. Consume high fat snacks, such as potato chips or nacho chips	05	04	03	02	01	98	99
h. Eat at least three meals daily	05	04	03	02	01	98	99
i. Eat breakfast	05	04	03	02	01	98	99

26. Which of the following do you believe is most important to your health and overall well-being? **(READ LIST. ACCEPT ONE RESPONSE ONLY. RANDOMIZE 01-03.)**

- 01 Diet
- 02 Exercise
- 03 Sleep

- 96 **DO NOT READ:** None → **SKIP TO Q28**
- 97 **DO NOT READ:** All equally important → **SKIP TO Q28**
- 98 **DO NOT READ:** Refused → **SKIP TO Q28**
- 99 **DO NOT READ:** Don't know → **SKIP TO Q28**

IF SELECT MOST IMPORTANT ATTRIBUTE [Q26(01-03)], ASK Q27:

27. And which do you believe is second most important? **(READ LIST IF NECESSARY. ACCEPT ONE RESPONSE ONLY. REMOVE SELECTED ITEM IN Q26.)**

- 01 Diet
- 02 Exercise
- 03 Sleep

- 96 **DO NOT READ:** Neither
- 97 **DO NOT READ:** Both equally important
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

ASK EVERYONE:

28. 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: _____

READ: One alcoholic drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor.

29. During the past 30 days, on average, how many days did you have two or more alcoholic drinks? 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?

→ SKIP TO Q31

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

IF CONSUMED TWO OR MORE ALCOHOLIC DRINKS IN PAST 30 DAYS OR RF/DK [Q29(02-05, 98, 99)], ASK Q30:

30. Considering all types of alcoholic beverages, how often during the past 30 days did you have (**IF MALE [S5(01)]: five; IF FEMALE [S5(02)]: four**) or more drinks on an occasion? 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:

31. In the past 30 days, on average, have you smoked at least one cigarette a day?

- 01 Yes **→ CONTINUE**
 02 No **→ SKIP TO Q33**
 98 Refused **→ SKIP TO Q33**
 99 Don't know **→ SKIP TO Q33**

IF SMOKED AT LEAST ONE CIGARETTE DAILY IN PAST 30 DAYS [Q31(01)], ASK Q32:

32. On average, how many cigarettes do you smoke in a typical day? (**RECORD NUMBER AS THREE DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES. RECORD 998 FOR REFUSED, 999 FOR DON'T KNOW. INTERVIEWER NOTE: 1 pack = 20 cigarettes, 1/2 pack = 10 cigarettes.**)

_____ cigarettes per day

ASK EVERYONE:

33. 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 'K' LAST.**)

	Condition	Yes	No	Refused	Don't know
a.	Heart disease	01	02	98	99
b.	High blood pressure	01	02	98	99
c.	Diabetes	01	02	98	99
d.	Cancer	01	02	98	99
e.	Stroke	01	02	98	99
f.	Arthritis	01	02	98	99
g.	Breathing difficulties, such as asthma, COPD, chronic bronchitis or emphysema	01	02	98	99
h.	Depression	01	02	98	99
i.	Anxiety disorder, such as panic disorder or post traumatic stress disorder	01	02	98	99
j.	A sleep disorder	01	02	98	99
k.	Other chronic illness	01	02	98	99

34. Do you see your doctor for a yearly routine check-up?

01 Yes
02 No
98 Refused
99 Don't know

35. Have you ever discussed sleep issues with a healthcare professional?

01 Yes
02 No
98 Refused
99 Don't know

36. Over the past month, how often have you felt sad, blue or depressed? 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

37. Over the past month, how often have you felt worried, tense or anxious? 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

READ: The following questions are about your feelings and thoughts during the last month. In each case, please tell me how often you felt or thought a certain way.

38. In the last month, how often have you felt that you were unable to control the important things in your life? 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

39. In the last month, how often have you felt confident about your ability to handle your personal problems? 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

IF MARRIED OR PARTNERED [S3 (01)], ASK Q40:

40. All in all, how satisfied are you in your relationship? Would you say you are...? (**READ LIST.**)

- 04 Very satisfied,
- 03 Somewhat satisfied,
- 02 Not too satisfied, or
- 01 Not at all satisfied?

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

IF EMPLOYED [S2(01-03)], ASK Q41:

41. All in all, how satisfied are you with your job? Would you say you are...? **(READ LIST.)**
- 04 Very satisfied,
 - 03 Somewhat satisfied,
 - 02 Not too satisfied, or
 - 01 Not at all satisfied?
 - 98 **DO NOT READ:** Refused
 - 99 **DO NOT READ:** 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. What is your age? _____ **ENTER AGE AS 3 DIGITS (EX: AGE = 32, ENTER AS 032. RECORD 998 FOR REFUSED.)**

- D3. Are there any children in your household...? **(READ LIST.)**

	<u>YES</u>	<u>NO</u>	<u>REFUSED</u>	
A. Under 18 years of age?	01	02	98	SKIP TO D4
B. Between 13 and 17 years of age?	01	02	98	
C. Between 6 and 12 years of age?	01	02	98	
D. Under 6 years of age?	01	02	98	

- D4. Please stop me when I read the category that includes your total 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

- D5. Prior to today's call, had you ever heard of the National Sleep Foundation?

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

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. If you are interested in the findings from this research, they will be available in the spring of 2009 at the launch of National Sleep Awareness Week.

Would you like to be e-mailed the results?

01 Yes (SPECIFY: _____)

02 No

98 Refused

99 Don't know

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.