

SECTION SL: SLEEP PATTERNS

Next I will ask you about your sleep patterns.

SL1. Which of the following best describes your pattern for waking up during the past six weeks? I have four choices I will read. Please choose one of the following choices.

- I wake up at about the same time, that is, within 1 hour, every day of the week 1
- I wake up at about the same time on workdays, but I have a different wake-up time on my days off..... 2
- The time when I wake up varies by 2 or more hours depending on what day of the week it is, but the pattern is consistent from week to week 3
- I have no consistent wake-up time 4

SL2. Which of the following best describes your pattern for going to sleep during the past six weeks? (I have four choices I will read. Please choose one of the following choices.)

- I go to sleep at about the same time, that is, within 1 hour, every day of the week 1
- I go to sleep at about the same time on workdays, but I have a different bedtime on my days off..... 2
- The time when I go to bed varies by 2 or more hours depending on what day of the week it is, but the pattern is consistent from week to week 3
- I have no consistent bedtime 4

SL3. About how many years and/or months has this current sleep pattern lasted?

_ _	_ _
# YEARS	# MONTHS

<ASK ONLY IF SL1 = 1>

SL4. About what time do you usually wake up for the day?

_ _	:	_ _	am	<input type="checkbox"/>
			pm	<input type="checkbox"/>

<GO TO SL8>

<ASK SL5 – SL6 ONLY IF SL1 = 2>

SL5. About what time do you usually wake up on...

- a. workdays

_ _	:	_ _	am	<input type="checkbox"/>
			pm	<input type="checkbox"/>
- b. days off

_ _	:	_ _	am	<input type="checkbox"/>
			pm	<input type="checkbox"/>

SL5a1. How many days per week do you usually get up at this time?

_
OF DAYS/WK

<GO TO SL8>

SL6. QUESTION DELETED

<ASK ONLY IF SL1 = 3>

SL7. About what time do you usually wake up on...

- a. MONDAY []:[] am
[]:[] pm
- b. TUESDAY []:[] am
[]:[] pm
- c. WEDNESDAY []:[] am
[]:[] pm
- d. THURSDAY []:[] am
[]:[] pm
- e. FRIDAY []:[] am
[]:[] pm
- f. SATURDAY []:[] am
[]:[] pm
- g. SUNDAY []:[] am
[]:[] pm

<ASK ONLY IF SL2 = 1>

SL8. About what time do you usually go to sleep?

[]:[] am
[]:[] pm

<GO TO SL12>

<ASK ONLY IF SL2 = 2>

SL9. About what time do you usually go to sleep on...

- a. workdays []:[] am
[]:[] pm
- b. days off []:[] am
[]:[] pm

SL9a1. How many days per week do you usually go to sleep at this time?

[]
OF DAYS/WK

<GO TO SL12>

SL10. QUESTION DELETED

<ASK ONLY IF SL2 = 3>

SL11. About what time do you usually go to sleep on...

- a. MONDAY []:[] am
[]:[] pm
- b. TUESDAY []:[] am
[]:[] pm
- c. WEDNESDAY []:[] am
[]:[] pm
- d. THURSDAY []:[] am
[]:[] pm
- e. FRIDAY []:[] am
[]:[] pm
- f. SATURDAY []:[] am
[]:[] pm
- g. SUNDAY []:[] am
[]:[] pm

<ASK ONLY IF SL1 OR SL2 = 4>

SL12. Do you usually sleep during the daytime or nighttime? DAYTIME 1
 NIGHTTIME 2
 BOTH..... 3

<FILL “nights” FOR SL13–SL15 ONLY IF SL12 = 2; ELSE, FILL “days”>

<ASK SL13–SL14 ONLY IF SL1 =4 OR SL2 = 4>

SL13. On the [*nights/days*] that you get the most sleep, about how many hours and/or minutes of sleep do you get?
 # HOURS # MINS

SL14. On the [*nights/days*] that you get the least sleep, about how many hours and/or minutes of sleep do you get?
 # HOURS # MINS

<ASK EVERYONE>

SL15. About how many hours and/or minutes of sleep per [*night/day*] do you get on average?
 # HOURS # MINS

For the next several questions, please think about the past [# OF YEARS AND/OR MONTHS FROM SL3].

SL16. About how long does it take you to fall asleep on average? Would you say you fall asleep in... less than 15 minutes 1
 15 minutes to half an hour..... 2
 [DO NOT INCLUDE TIME R MAY SPEND IN THE BED READING, WATCHING TV, ETC., more than half an hour but less than one hour..... 3
 BEFORE FALLING ASLEEP.] one hour or more 4

<IF R IS BLIND AND CANNOT PERCEIVE CHANGES IN LIGHT (FROM SECTION MC), GO TO SL19>

SL17. Do you usually sleep with a mask on to keep out light? YES 1
 NO..... 2

<IF R SLEEPS DURING THE DAY (BEDTIME BETWEEN 5AM AND 4:59PM OR SL12 = 1) DO NOT SHOW “LIGHT FROM OUTSIDE.”>

SL18. What kind of light is usually present when you sleep? Is there... Y N
 a. daylight..... 1 2
 b. one or more lights on in the room 1 2
 c. light from a television on in the room for most or all of the night 1 2
 d. light from other rooms..... 1 2
 e. light from outside shining in through windows at night, such as car headlights, street lights, or porch lights..... 1 2
 f. light from a small nightlight or clock radio..... 1 2

<IF ALL SL18a–SL18f = NO, ASK SL18g>

SL18g. Just to confirm, there is usually no light at all present when you sleep? YES 1
 NO..... [SL18a] 2

<FILL “nights” FOR SL19–SL20 ONLY IF SL12 = 2; ELSE FILL “days”>

- SL19. When you are asleep, how often do you wake up for any reason? Would you say...
 every [night/day] or most [nights/days] 01
 three or four [nights/days] a week..... 02
 one or two [nights/days] a week..... 03
 one to three [nights/days] per month. 04
 less than once a month 05
 never..... [SL22] 06

- SL20. On those [nights/days], how many times do you usually wake up each [night/day]? □ □ □
TIMES

<IF R IS BLIND AND CANNOT PERCEIVE CHANGES IN LIGHT (FROM SECTION MC), GO TO SL22>

- SL21. When you are awakened, do you usually turn on a light?
 YES 1
 NO 2
 LIGHT ALREADY ON 3

- SL22. How often do you take naps? Would you say...
 every day or most days..... 01
 three or four days a week 02
 one or two days a week 03
 one to three days per month 04
 less than once a month 05
 never..... 06

- SL23. Have you taken prescription or over the counter medication in the past six weeks to help you fall asleep or stay asleep? [DO NOT INCLUDE HERBAL TEAS, MILK, LIQUOR, OR ACUPUNCTURE. IF R IS UNSURE THE TYPE OF MEDICATION COUNTS, ENTER AS “YES” AND REMARK NAME OF MEDICATION.]
 YES 1
 NO [NEXT SECTION] 2

- SL24. How many times have you taken sleeping medicines (prescription or over the counter) in the past six weeks? □ □ □
TIMES
 PER WEEK..... 1
 PER MONTH..... 2
 TOTAL FOR PAST 6 WEEKS 3