**The first set of questions are about your activities over the past 24 hours. (TABLE: INTERVIEW)**

(Note:

1. Please indicate what time you fell asleep last night: _____ Circle AM or PM (entered as military)
(time_asleep)

2. How well did you sleep (check one)? __1__ Better than usual
__2__ As well as usual
__3__ Worse than usual
(eval_sleep)

3. What time did you wake up today? _____ Circle AM or PM (entered as military)
(time_wake)

4. Did you take any naps today? _Y_Yes _N_No
(nap_today)
**If yes**, what time did you nap: _____ How long did you sleep? _____ #minutes
(nap_time) (nap_length)

5. How was your day today (check one)? __1__ A very typical day
__2__ Less stressful than usual
__3__ More stressful than usual
(eval_day)

6. Do you have any physical problems or discomforts tonight? _Y_Yes _N_No (phys_prob)
**If yes**, indicate what:_____ (phys_desc1, phys_desc2, phys_desc3) (code_physical_discomfort)

**The next few questions are about any medicines or drugs that you take daily or almost daily.**

7. Do you regularly take any medicines? _Y_Yes _N_No
(drug_use)
**If yes**, please list the name of each drug and indicate if it was taken today **(TABLE: DRUGS)**

| Name of drug | Taken today? |
|---|---|
| a. _____ (drug_using) ___ (code_drugs) _ | ___Y__Yes _N___No (drug_today) |
| b. _____ | _____Yes _____No |
| c. _____ | _____Yes _____No |
| d. _____ | _____Yes _____No |
| e. _____ | _____Yes _____No |
| f. _____ | _____Yes _____No |
| g. _____ | _____Yes _____No |
| h. _____ | _____Yes _____No |
| i. _____ | _____Yes _____No |

8. Have you taken any other kind of drug today? _____Yes _____No
(drug_other)
**If yes**, indicate what:__ (drugs_other1, drugs_other2, drugs_other3) (code_drugs) ___

9. Do you **routinely** take any of the following over-the-counter medications?

a. Sleeping aids or sedatives, like Sominex _Y_Yes _N_No (sleep_aids)
b. Stimulants, like No-Doze _Y_Yes _N_No (stimulants)
c. Appetite depressants for dieting _Y_Yes _N_No (dieting_aids)

10. How many cups of coffee or tea, **with caffeine**, do you usually drink in a typical day? _____
(cups_coffee)

11. How many cans of cola or other soft drinks, **with caffeine**, do you usually drink in a typical day? _____
(cans_cola)

12. What is your current occupation/job title? _____
(type_work) (code_occupation)

13. For your job, do you work (check one):

__1__Daytime hours _2___ Night shift ___3__Rotating shift __8__Does not apply
(type_shift)

14. Which category below best fits your experience with weight control (check one)?

__1__ My weight is fairly stable without any dieting or exercise.
__2__ I tend to gain weight, but can control it by dieting or exercise.
__3__ I tend to gain weight, in spite of efforts to control it.
__4__ I tend to lose weight.
__5__ I tend to gain weight.
(weight_contr)

15. Please estimate the total miles per year **you, as the driver**, drive a car. _____ Miles/Year
(drive_year)

**<u>The next set of questions are about your health and medical history.</u>**

16. Have you had any nasal congestion or stuffiness **<u>today or tonight</u>** (check one)?

_N__None __1_Today _2__Tonight _3__Both
(nasal_cong)

17. Do you have any other problems, such as an illness, allergy, deviated septum or structural problem, or sensitivity that always almost always cause nasal stuffiness **<u>at night</u>**?
(nasal_other)
_N_No _Y_Yes **If yes**, indicate what (please be specific): _____

___ (nasal_other1, nasal_other2, nasal_other3) (code_stuffiness) _____

18. Have you ever had any pain or discomfort in your chest? _Y_Yes _N_No (**If no**, skip to 26.)
(pain)

19. Do you get it when you walk uphill or hurry? _Y_Yes _N_No _D_I never hurry or walk uphill
(pain_hill)

20. Do you get it when you walk at an ordinary pace on the level? ___Yes ___No
(pain_pace)

♦If you answered "yes" to either question 19 or 20 please complete questions 21 thru 25.
♦If you answered "no" to both question 19 and 20 please skip to question 25.

21. What do you do if you get it while you are walking?
__1__ Take nitroglycerin
__2__ Stop or slow down
__3__ Carry on
(pain_action)

22. If you stand still, how soon does the pain go away?
__1__ 10 minutes or less
__2__ More than 10 minutes
__3__ Does not go away
(pain_time)

23. Where does the pain occur (*check <u>all</u> that apply*)?
_pain_breastbone 01___ Upper or middle breastbone
_pain_lower_chest 01___ Lower chest
(pain_where1, pain_where2, pain_where3, pain_where4, pain_where5)
_pain_left_chest 01___ Left side of chest
_pain_left_arm 01___ Left arm
(pain_where51, pain_where52, pain_where53)
_pain_occurs_other 01____ Other:__(3 fields see left)__
(code_chest_pain)

24. Do you feel it anywhere else? _N_No _Y_Yes **If yes**, where: (pain_other1-3) (code_chest_pain)__
(pain_other)

25. Have you ever had a severe pain across the front of your chest lasting for 1/2 hour or more?

_Y_Yes __N__No
(pain_front)

26. Do you get pain in either leg on walking? _Y_Yes _N_No **If no**, skip to 34.
(leg)

27. Does this leg pain ever begin when you are standing still or sitting? _Y_Yes _N_No
(leg_still)

28. In what part of your leg do you feel it? __1__ Pain included calf/calves
(leg_where1, leg_where2, leg_where3) __2__ Pain does not include calf/calves
(leg_where31, leg_where32, leg_where33) __3__ Other_____
(code_leg_pain)

29. Do you get it if you walk uphill or hurry? _Y_Yes _N_No _D_I never hurry or walk uphill
(leg_hill)

30. Do you get it if you walk at an ordinary pace on the level? _Y_Yes _N_No
(leg_pace)

31. Does the pain ever disappear while you are walking? _Y_Yes _N__No
(leg_disappear)

32. What do you usually do if you get it when you are walking? __1___ Stop or slow down
__2___ Carry on
(leg_action)

33. If you stand still, how soon does the pain go away? __1__ 10 minutes or less
__2__ More than 10 minutes
__3___ Does not go away
(leg_time)

**<u>The next section asks about specific medical problems. Please indicate if you have been told *by a doctor* that you have or have had any of these conditions.</u>**

Note: second and third treatment fields added in the late summer of 2011

34. Heart disease:

a. Coronary artery disease? ___Yes ___No
(coronary_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(coronary_year)
Also, describe what, if any, treatment you received.
_____ (coronary_tx,tx2,tx3) ___ (code_medical_treatment) _____

b. Atherosclerosis (hardening of the arteries)? ___Yes ___No
(atheroscl_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(atheroscl_year)
Also, describe what, if any, treatment you received.

___ (atheroscl_tx,tx2,tx3) __ (code_medical_treatment) _____

c. Irregular heartbeat or arrhythmia? ___Yes ___No
(arrhythmia_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(arrhythmia_year)
Also, describe what, if any, treatment you received.

___ (arrhythmia_tx,tx2,tx3) (code_medical_treatment) _____

d. Heart attack or infarct? ___Yes ___No
(heartattack_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(heartattack_year)
Also, describe what, if any, treatment you received.

_____ (heartattack_tx,tx2,tx3) _____(code_medical_treatment) _____

e. Congestive heart failure? ___Yes ___No
(congestivehf_ynd)

**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(congestivehf_year)
Also, describe what, if any, treatment you received.

_____ (congestivehf_tx,tx2,tx3) _____(code_medical_treatment)_____

f. Angina? ___Yes ___No
(angina_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(angina_year)
Also, describe what, if any, treatment you received.

__ (angina_tx,tx2,tx3) _____(code_medical_treatment)_____

g. Have you ever had any of the following surgical procedures? ___Yes ___No

**If yes**, check all that apply: ____Coronary bypass surgery (coronarybypass_ynd)
____Coronary or balloon angioplasty (angioplasty_ynd)
____Insertion of pacemaker or defibrillator (pacemaker_ynd)
____Other heart surgery/please describe: _____
(other_heart_surgery_ynd) _____
(other_heart_surg_code1, other_heart_surg_code2, other_heart_surg_code3) (code_medical_treatment)

35. High blood pressure or hypertension? ___Yes ___No
(hypertension_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(hypertension_year)
Also, describe what, if any, treatment you received.

_ (hypertension_tx,tx2,tx3)_____ (code_medical_treatment)_____

36. Stroke? ___Yes ___No
(stroke_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(stroke_year)
Also, describe what, if any, treatment you received.

__ (stroke_tx,tx2,tx3) _____ (code_medical_treatment) _____

37. Diabetes? ___Yes ___No
(diabetes_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(diabetes_year)
Also, describe what, if any, treatment you received.

___ (diabetes_tx,tx2,tx3) _____(code_medical_treatment) _____

38. Asthma? ___Yes ___No
(asthma_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(asthma_year)
Also, describe what, if any, treatment you received.

_ (asthma_tx,tx2,tx3) _____(code_medical_treatment) _____

39. Emphysema or Obstructive Lung Disease? ___Yes ___No
(emphysema_ynd)
**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.

(emphysema_year)

Also, describe what, if any, treatment you received.

___ (emphysema_tx,tx2,tx3) _____(code_medical_treatment) _____

40. Thyroid problem? ___Yes ___No
(thyroid_ynd)

**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(thyroid_year)

Also, describe the type of thyroid problem (thyroid_problem_code (code_medical_treatment)) and what, if any, treatment you received.

_____ (thyroid_tx,tx2,tx3) _____(code_medical_treatment) _____

41. Epilepsy or convulsions? ___Yes ___No
(epilepsy_ynd)

**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(epilepsy_year)

Also, describe what, if any, treatment you received.

_____ (epilepsy_tx,tx2,tx3) _____(code_medical_treatment) _____

42. Arthritis? ___Yes ___No
(arthritis_ynd)

**If yes**, indicate how many years ago ____ or the year ____ you were diagnosed.
(arthritis_year)

Also, describe what, if any, treatment you received.

_____ (arthritis_tx,tx2,tx3) _____(code_medical_treatment) _____

43. **Since your last study** have you had any <u>chronic</u> joint or back pain? ___Yes ___No
(backpain)

**If yes**, when did it occur? _____ Month/Year
(back_year1, back_year2, back_year3)

Please describe it:___ (back_code1, back_code2) (code_joint_back_pain)_____

44. **Since your last study** have you had any <u>major</u> illness or hospitalization? ___Yes ___No
(illness)

**If yes**, when did it occur? _____ Month/Year
(illness_year1, illness_year2, illness_year3, illness_year4)

Please describe it:____ (ill_code1, ill_code2 ,ill_code3, ill_code4) (code_major_illness) ____

45. **Since your last overnight sleep study** have you had any dental work, like braces, retainers, or dentures to change your bite or jaw position? ___Yes ___No
(dental_work)

**If yes**, what was done? (dental_desc1, dental_desc2) _____ (code_change_in_bite) ____

When was the work done? _____ Month/Year
(dental_year1, dental_year2)

46. **Since your last overnight sleep study** have you had an injury to or surgery on your nose or face? ___Yes ___No
(inj_surgery)

**If yes**, when did it occur? _____ Month/Year
(inj_year1, inj_year2)

Please describe it:____ (inj_desc1, inj_desc2) __ (code_facial_injury_surgery) _____

**(Note on older versions of overnight interview asked if tonsils removed (tonsils, tonsils_year) and andenoids removed (adenoids, adenoids_year)**

**The next few questions are about your typical alcohol use and smoking habits. We realize that most people's habits vary a lot, depending on their weekly social plans and so on, but we hope to get an idea of your "usual" or average use.**

47. Please estimate your **usual** consumption of alcoholic beverages:

a. How many cans or bottles of beer might you have per week? _____ (beer_week)
b. How many glasses of wine might you have per week? _____ (wine_week)
c. How many mixed drinks or shots might you have per week? _____ (hard_week)
d. If you do not drink alcoholic beverages at all check here ____ and skip to question 51. (nondrinker)

48. How many nights, during a typical week, might you have an alcoholic drink within 1 hour of bedtime? _____ # of nights (drink_nights)

49. Have you had any alcoholic beverages today? ___Yes ___No (drink_24hrs)

**If yes**, at about what time was that? _____ Circle AM or PM (drink_time) (entered as military)

How many? _____ # of drinks (drink_number)

50. Is your current amount of drinking fairly typical of your habits over the last 5 years? ___Yes ___No (drink_past5y)

**If no**, how is your drinking different from the past (*check one*)? drink_past

__1__ Drink a little less now
__2__ Drink much less now
__3__ Stopped drinking
__4__ Drink a little more now
__5__ Drink much more now
__6__ Other, please explain:_____

51. Have you ever smoked tobacco regularly? ___Yes ___No **If no**, skip to 53. (smoke)

52. Do you currently smoke? ___Yes ___No **If no**, when did you quit? _____Year (smoke_curr) (smoke_quit)

How much do you smoke now, **OR** if you quit smoking, how much did you smoke in the past (*answer all that apply*)?

_____Cigarettes per day **OR** _____packs per week; (packs_week)
_____Bowls of pipe tobacco per day; and (bowls_day)
_____Cigars per day. (cigars_day)

Overall, how many years total, have you been **OR** were you a regular smoker? _____Year (smoke_years)

**The next series of questions concern how you generally feel.**

53. Do you **usually** feel tired or fatigued at times **during a typical day**? ___Yes ___No (fatigued)

**If yes**, does the tiredness interfere with your (*check all that apply*):

_____Work (fatigue_work)
_____Mood (fatigue_mood)
_____Relationships with people (fatigue_relationships)
_____Enjoyment of life (fatigue_enjoyment_of_life)
_____Ability to concentrate (fatigue_concentrate)
_____Motivation (fatigue_motivation)
_____Housework (fatigue_housework)
_____Other (fatigue_other)
_____None of the above, tiredness does not interfere with my activities. (fatigue_none)

54. Many people have periods of low energy or fatigue, but, **during a typical day** do you experience excessive sleepiness when it is difficult to fight an **uncontrollable urge to fall asleep**? ___Yes ___No
(sleepiness)

**If yes**, does the tiredness interfere with your (*check all that apply*):

_____Work (sleepiness_work)
_____Mood (sleepiness_mood)
_____Relationships with people (sleepiness_relationships)
_____Enjoyment of life (sleepiness_enjoyment_of_life)
_____Ability to concentrate (sleepiness_concentrate)
_____Motivation (sleepiness_motivation)
_____Housework (sleepiness_housework)
_____Other (sleepiness_other)
_____None of the above, tiredness does not interfere with my activities. (sleepiness_none)

Do you know why you have periods of sleepiness? ___Yes ___No
(sleep_why)

**If yes**, what is the reason(s)?__ (sleep_reas1, sleep_reas2, sleep_reas3) _____
(code_sleepiness)

55. How often, **on average**, do you take a nap during the day or the evening (*check one*)?
(nap_freq)

_1__Never, or less than once a month
_2__On a few days per month
_3__Irregularly, but at least once a week
_4__Every day or almost every day

**The following questions concern your sleep habits.**

56. According to what other have told you or to your own awareness, how often do you snore?
(snore_freq)

_1__Never or rarely - only once or a few times ever.
_2__Sometimes - a few nights per month; under special circumstances.
_3__At least once a week, but pattern may be irregular.
_4__Several (3 to 5) nights per week.
_5__Every night or almost every night.
_9__Do not know.

57. How loud do you think, or have others said, your snoring is?
(snore_vol)

_1__Only slightly louder than heavy breathing.
_2__About as loud as mumbling or talking.
_3__Louder than talking.
_4__Extremely loud, can be heard through a closed door.
_9__Do not know.
_8__Does not apply.

58. According to what others have told you, how often, if ever, do you gasp, choke, or make snorting sounds during sleep?
(choke_freq)

__1_Never or rarely - only once or a few times ever.
__2_Sometimes - a few nights per month; under special circumstances.
__3_At least once a week, but pattern may be irregular.
__4_Several (3 to 7) nights per week.
__9_Do not know.

59. How often, if ever, have you awakened suddenly with the feeling of gasping or choking?
(awake_freq)

__1_Never or rarely - only once or a few times ever.
__2_Sometimes - a few nights per month; under special circumstances.
__3_At least once a week, but pattern may be irregular.
__4_Several (3 to 7) nights per week.
__9_Do not know.

60. According to what others have told you, or to your own awareness, how often, if ever, do you have momentary periods durin when you stop breathing or you breathe abnormally?
(apnea_freq)

__1_Never or rarely - only once or a few times ever.
__2_Sometimes - a few nights per month; under special circumstances.
__3_At least once a week, but pattern may be irregular.
__4_Several (3 to 7) nights per week.
__9__Do not know.

61. According to what others have told you, how often, if ever, do you kick or make other disruptive movements during sleep?
(kick_freq)

_1__Never or rarely - only once or a few times ever.
_2__Sometimes - a few nights per month; under special circumstances.
_3__At least once a week, but pattern may be irregular.
_4__Several (3 to 7) nights per week.
_9__Do not know.

62. How many hours of sleep do you usually get during:

a. a workday night? _____#hours (workday)
b. a weekend or nonwork night? _____#hours (weekend)
c. a typical week from daytime or evening **naps**? _____#hours (*Enter 0 if none*) (naps)

63. About how many minutes does it **usually** take you to fall asleep at night? _____#minutes
(tso)

64. How often, if ever, do you have any of the following problems sleeping? (*Circle one response for each item.*)

0=Never
1=Rarely (once a month)
2=Sometimes (2-4 times a month)
3=Often (5-15 times a month)
4=Almost always (16-30 times a month)

| | | | | | |
|---|---|---|---|---|---|
| a. Do you have difficulty getting to sleep? (ps_diff) | 0 | 1 | 2 | 3 | 4 |
| b. Do you wake up during the night and have a hard time getting back to sleep? (ps_backsleep) | 0 | 1 | 2 | 3 | 4 |
| c. Do you wake up repeatedly during the night? (ps_wakerepeat) | 0 | 1 | 2 | 3 | 4 |
| d. Do you wake up too early in the morning and can't get back to sleep? (ps_tooearly) | 0 | 1 | 2 | 3 | 4 |
| e. Do you not feel rested during the day no matter how many hours of sleep you had? (ps_notrested) | 0 | 1 | 2 | 3 | 4 |
| f. Do you find it very difficult to wake up in the morning? (ps_wakeup) | 0 | 1 | 2 | 3 | 4 |
| g. Do you have nightmares or disturbing dreams? (ps_nightmare) | 0 | 1 | 2 | 3 | 4 |
| h. Do you have feeling of excessive daytime sleepiness? (ps_eds) | 0 | 1 | 2 | 3 | 4 |

i. When you laugh or become very angry or excited, do you ever have the feeling of "weak knees" or starting to fall down or feel the need to sit down? 0 1 2 3 4
(ps_weak)

j. Have you ever had the feeling that you cannot move your arms and legs, or any part of your body, when you are falling asleep at night or when you are waking up in the morning? 0 1 2 3 4
(ps_move)

k. Have you ever awakened during your night's sleep and had the feeling that you cannot move your arms and legs, or any part of your body? 0 1 2 3 4
(ps_movesleep)

**The next set of questions are about getting medical care for any sleep problem.**

65. Have you ever **gone to a doctor** for any **sleep problem**? ___Yes ___No
(sleep_prob)

**If yes**, please indicate when _____(Month/Year) and answer the following questions:
(prob_date)

a. What kind of doctor (general, family, sleep medicine, etc.) did you see?

_ (prob_doc1, prob_doc2, prob_doc3) _____ (code_physician) _____

b. What, tests, if any, were done? __ (prob_test1, prob_test2, prob_test3) _____
(code_sleep_testing)

(this question was added later)

c. Did you see a doctor due to the results of your last sleep study in our lab? ___Yes ___No
(prob_study)

d. What sleep problem(s) were you trying to get help for? _____

_ (prob_code1, prob_code2, prob_code3) _____ (code_sleep_disorder) _____

66. Have you ever been **told by a doctor** that you have **sleep apnea**? ___Yes ___No
(apnea)

**If yes**, when was this? _____ Month/Year
(apnea_date)

What tests, if any, were done? ___ (apnea_test1, apnea_test2, apnea_test3) _____
(code_sleep_testing)

Were you told you needed treatment? ___Yes ___No
(apnea_need)

**If yes**, what treatment was recommended? __ (apnea_treat1, apnea_treat2, apnea_treat3) _
(code_treatment)

Did you have the treatment? ___Yes ___No
(apnea_treated)

**If yes**, when did you first have the treatment? _____ Month/Year
(treatment_date)

Did the treatment help (*check one*)?
__1__Not at all
__2__Helped a little
__3__Helped moderately
__4___Helped a lot
(treatment_help)

Comments:__ (treat_com1, treat_com2, treat_com3) ____ (code_comment_dx_sleep_disorder) _

If the treatment was CPAP or BiPAP please answer the following questions:

If you <u>are not using</u> the recommended CPAP/BiPAP, please explain why.

_ (noncomp1, noncomp2, noncomp3)_____ (code_cpap_bpap) _____

If you are using the recommended CPAP/BiPAP, please indicate:

a. How many nights per week do you use it? _____ (comp_nights_wk)
b. How many hours per night do you use it? _____ (comp_hrnights)

Describe the problems, if any, you have with the CPAP/BiPAP: _____

_ (comp_prob1, comp_prob2, comp_prob3) ____ (code_cpap_bipap) _____

67. Have you ever been **told by a doctor** that you have **narcolepsy**? ___Yes ___No
(narco)

**If yes**, when was this? _____ Month/Year
(narco_date)

What tests, if any, were done? _ (narco_test1, narco_test2, narco_test3) _____
(code_sleep_testing)

Were you told you needed treatment? ___Yes ___No
(narco_need)

**If yes**, what treatment was recommended? (narco_treat1, narco_treat2, narco_treat3) ___
(code_treatment)

Did you have the treatment? ___Yes ___No
(narco_treated)

**If yes**, when did you first have the treatment? _____ Month/Year
(n_treat_date)

Did the treatment help (*check one*)? __1__Not at all
__2__Helped a little
(n_treat_help) __3__Helped moderately
__4__Helped a lot

Comments:_____ (n_treat_com1, n_treat_com2, n_treat_com3) _____
(code_comment_dx_sleep_disorder)

68. Have you ever been **told by a doctor** that you had any **other sleep disorder**? ___Yes ___No
(sd)

**If yes**, what sleep disorder were you told you had? _ (sd_code1, sd_code2, sd_code3) _____
(code_sleep_disorder)

When was this? _____ Month/Year
(sd_date)

What tests, if any, were done? __ (sd_test1, sd_test2, sd_test3) _____
(code_sleep_testing)

Were you told you needed treatment? ___Yes ___No
(sd_need)

**If yes**, what treatment was recommended? _ (sd_treat1, sd_treat2, sd_treat3) _____
(code_treatment)

Did you have the treatment? ___Yes ___No
(sd_treated)

**If yes**, when did you first have the treatment? _____ Month/Year
(sd_treat_date)

Did the treatment help (*check one*)? __1__Not at all
__2__Helped a little
(sd_treat_help) __3__Helped moderately
__4___Helped a lot

Comments:__ (sd_treat_com1, sd_treat_com2, sd_treat_com3) _____
(code_comment_dx_sleep_disorders)

69. Other than what you have described above, have you ever tried to get medical care for a sleep disorder but were told you did not need to be tested or examined? ___Yes ___No
(other)

**If yes**, when was this? _____ Month/Year

(other_date)
What was the problem(s) you were trying to get help for? _____

__ (other_help1, other_help2, other_help3) _____
(code_sleep_disorders)
What kind of doctor (general, family, sleep medicine, etc.) did you contact? _____
(other_doc1, other_doc2, other_doc3) (code_physician)
What did the doctor tell you? __ (other_com1, other_com2, other_com3) _____
(code_doctors_comments)
_____

**The final section concerns your general health and the quality of your sleep.**

70. Are you satisfied with your **usual** night's sleep (*check one*)?
(eval_general)
__1__Most of the time
__2__Some of the time
_3__Not usually
_4__Never

If there are any comments you would like to make about the quality of your sleep, or getting to sleep, staying asleep, or waking up please use the following space: _____

_ (comments1, comments2, comments3) _____ (code_sleep_comments) _____

71. How satisfied are you with the way you are spending your life (*check one*)?
(eval_life)
__1__Completely satisfied
__2__Mostly satisfied
__3__Moderately satisfied
__4___Not very satisfied

72. In general, would you say your health is (*check one*):
(eval_health)
__1__Excellent
__2__Very good
__3__Good
__4__Fair
__5__Poor

(note in the visit 1 interview only, asked these questions:
What country were you born in? country_born (999)
What nationalities do you identify most closely with? heritage1 heritage2 (999)
)
Thank you for taking the time to complete this self-administered questionnaire. The details you have provided will be used to be understand what factors may contribute to sleep disordered breathing, and what other health risks may be the result of sleep disordered breathing.

Date: _____interview_date_____