

Sleep Cohort Study-Health Status Survey

ID# _____

This survey asks for your views about your health. The questions are quoted directly from a nationally standardized survey allow comparison among people with many different health conditions. We will use the information to help understand how sleep problems may affect one's health and daily activities.

Please answer every question by marking the one answer that best describes your health and abilities. If you are unsure of answer, please give the best answer you can.

1. In general, would you say your health is:

_____ Excellent _____ Very Good _____ Good _____ Fair _____ Poor

2. **Compared to one year ago**, how would you rate your health in general **now**? (Check one)

_____ Much better now than 1 year ago _____ Somewhat worse now than 1 year ago
_____ Somewhat better now than 1 year ago _____ Much worse now than 1 year ago
_____ About the same

3. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much? (Mark one answer on each line.)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports.	_____	_____	_____
b. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	_____	_____	_____
c. Lifting or carrying groceries.	_____	_____	_____
d. Climbing <u>several</u> flights of stairs.	_____	_____	_____
e. Climbing <u>one</u> flight of stairs.	_____	_____	_____
f. Bending, kneeling, or stooping.	_____	_____	_____
g. Walking <u>more than a mile</u> .	_____	_____	_____
h. Walking <u>several blocks</u> .	_____	_____	_____
i. Walking <u>one block</u> .	_____	_____	_____
j. Bathing or dressing yourself.	_____	_____	_____

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **result of your physical health**? (Mark one answer on each line.)

	YES	NO
a. Cut down the <u>amount of time</u> you spent on work or other activities.	_____	_____
b. <u>Accomplished less</u> than you would like.	_____	_____
c. Were limited in the <u>kind</u> of work or activities.	_____	_____
d. Had difficulty performing the work or other activities (for example, it took extra effort).	_____	_____

5. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (Mark one answer on each line.)

	YES	NO
a. Cut down the <u>amount of time</u> you spent on work or other activities.	_____	_____
b. <u>Accomplished less</u> than you would like.	_____	_____
c. Didn't do work or other activities as <u>carefully</u> as usual.	_____	_____

6. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Check one)

____ Not at all
____ Slightly
____ Moderately

____ Quite a bit
____ Extremely

7. How much **bodily** pain have you had during the **past 4 weeks**? (Check one)

____ None
____ Very mild
____ Mild

____ Moderate
____ Severe
____ Very severe

8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home housework)? (Check one)

____ Not at all
____ Slightly
____ Moderately

____ Quite a bit
____ Extremely

9. These questions are about how you feel and how things have been with you **during the past 4 weeks**.

For each question, please give the one answer that comes closest to the way you have been feeling. How much of the during the past 4 weeks... (Mark one answer on each line.)

	All of <u>the time</u>	Most of <u>the time</u>	A good bit <u>of the time</u>	Some of <u>the time</u>	A little of <u>the time</u>	None of <u>the time</u>
a. Did you feel full of pep?	_____	_____	_____	_____	_____	_____
b. Have you been a very nervous person?	_____	_____	_____	_____	_____	_____
c. Have you felt so down in the dumps nothing could cheer you up?	_____	_____	_____	_____	_____	_____
d. Have you felt calm and peaceful?	_____	_____	_____	_____	_____	_____
e. Did you have a lot of energy?	_____	_____	_____	_____	_____	_____
f. Have you felt downhearted and blue?	_____	_____	_____	_____	_____	_____
g. Did you feel worn out?	_____	_____	_____	_____	_____	_____
h. Have you been a happy person?	_____	_____	_____	_____	_____	_____
i. Did you feel tired?	_____	_____	_____	_____	_____	_____

10. During the **past 4 weeks**, how much of the time has your **physical or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)? (Check one)

____ All of the time
____ Most of the time
____ Some of the time

____ A little of the time
____ None of the time

11. Please choose the answer that best describes how **true** or **false** each of the following statements is for you. (Mark one answer on each line.)

	Definitely <u>True</u>	Mostly <u>True</u>	Not <u>Sure</u>	Mostly <u>False</u>	Definitely <u>False</u>
a. I seem to get sick a little easier than other people.	_____	_____	_____	_____	_____
b. I am as healthy as anybody I know.	_____	_____	_____	_____	_____
c. I expect my health to get worse.	_____	_____	_____	_____	_____
d. My health is excellent.	_____	_____	_____	_____	_____