Hello, I am ____ with WB&A, a national research firm. I am calling on behalf of the National Sleep Foundation to conduct a survey about children’s sleep habits. This is not a sales call; it is a research survey. It will take a few minutes of your time and your responses will be kept strictly confidential.

S1. First, are there any children living in your home under the age of 11?

01 Yes  =>  CONTINUE
02 No  =>  THANK AND TERMINATE
98 Refused  =>  THANK AND TERMINATE

S2. For these children, are you…(READ LIST)

01 The primary caregiver, =>  CONTINUE
02 Someone who shares equally in the childcare, or =>  CONTINUE
03 Is someone else the primary caregiver? =>  ASK TO SPEAK TO THE PRIMARY CAREGIVER AND RESCREEN.
98 DO NOT READ: Refused  =>  THANK AND TERMINATE.

S2a. For how many of these children under the age of 11 are you the caregiver?
(RECORD NUMBER OF CHILDREN BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”. IF NONE, THANK AND TERMINATE)

# of Children: ____________

IF RESPONDENT IS NOT A CAREGIVER FOR CHILDREN UNDER THE AGE OF 11, THANK AND TERMINATE. SAY: Today, we are only interviewing people with children under the age of eleven. Those are all the questions I have.
S3. Starting with your youngest child, what is your child’s age in years and months?

S4. Is this child male or female? **QUOTA (n=600) EACH**

S5. Would you say this child is your…*(READ LIST)*

**IF THE CHILD IS 3 TO 10 YEARS OLD, ASK S6.**

S6. If your child is in school, what grade is he or she in? **(DO NOT READ LIST.)**

ASK S4 – S6 FOR EACH CHILD UNDER THE AGE OF 11 BEFORE GOING TO THE NEXT CHILD. ALLOW UP TO SIX CHILDREN. ONLY RECORD FOR THOSE CHILDREN UNDER THE AGE OF 11.

S3_1. **ASK:** What is the age of the next youngest child?

<table>
<thead>
<tr>
<th>S3. Age</th>
<th>Child 1 (Youngest)</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Child 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Years ___ Months</td>
<td>___ Years ___ Months</td>
<td>___ Years ___ Months</td>
<td>___ Years ___ Months</td>
<td>___ Years ___ Months</td>
<td>___ Years ___ Months</td>
<td></td>
</tr>
<tr>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S4. Gender</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Child 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>01   Male</td>
<td>01   Male</td>
<td>01   Male</td>
<td>01   Male</td>
<td>01   Male</td>
<td>01   Male</td>
</tr>
<tr>
<td>02   Female</td>
<td>02   Female</td>
<td>02   Female</td>
<td>02   Female</td>
<td>02   Female</td>
<td>02   Female</td>
</tr>
<tr>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S5. Birth Order</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Child 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>01   Only child</td>
<td>02   First born</td>
<td>02   First born</td>
<td>02   First born</td>
<td>02   First born</td>
</tr>
<tr>
<td>04   Last born</td>
<td>03   Middle</td>
<td>03   Middle</td>
<td>03   Middle</td>
<td>03   Middle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S6. Grade</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Child 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>01   Preschool/ Nursery school</td>
<td>01   Preschool/ Nursery school</td>
<td>01   Preschool/ Nursery school</td>
<td></td>
</tr>
<tr>
<td>02   Kindergarten</td>
<td>02   Kindergarten</td>
<td>02   Kindergarten</td>
<td></td>
</tr>
<tr>
<td>03   1st grade</td>
<td>03   1st grade</td>
<td>03   1st grade</td>
<td></td>
</tr>
<tr>
<td>04   2nd grade</td>
<td>04   2nd grade</td>
<td>04   2nd grade</td>
<td></td>
</tr>
<tr>
<td>05   3rd grade</td>
<td>05   3rd grade</td>
<td>05   3rd grade</td>
<td></td>
</tr>
<tr>
<td>06   4th grade</td>
<td>06   4th grade</td>
<td>06   4th grade</td>
<td></td>
</tr>
<tr>
<td>07   5th grade</td>
<td>07   5th grade</td>
<td>07   5th grade</td>
<td></td>
</tr>
<tr>
<td>96   None</td>
<td>96   None</td>
<td>96   None</td>
<td></td>
</tr>
<tr>
<td>98   Refused</td>
<td>98   Refused</td>
<td>98   Refused</td>
<td></td>
</tr>
<tr>
<td>99   Don’t know</td>
<td>99   Don’t know</td>
<td>99   Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
TOTAL N = 1200

<table>
<thead>
<tr>
<th>Infants/Toddlers</th>
<th>Preschool/Kindergarten</th>
<th>School-aged</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 months (QUOTA = 50)</td>
<td>3 years (QUOTA = 100)</td>
<td>1st Grade (QUOTA = 100)</td>
</tr>
<tr>
<td>3-5 months (QUOTA = 50)</td>
<td>4 years (QUOTA = 100)</td>
<td>2nd Grade (QUOTA = 100)</td>
</tr>
<tr>
<td>6-8 months (QUOTA = 50)</td>
<td>5 years (QUOTA = 100)</td>
<td>3rd Grade (QUOTA = 100)</td>
</tr>
<tr>
<td>9-11 months (QUOTA = 50)</td>
<td></td>
<td>4th Grade (QUOTA = 100)</td>
</tr>
<tr>
<td>12-17 months (QUOTA = 50)</td>
<td></td>
<td>5th Grade (QUOTA = 100)</td>
</tr>
<tr>
<td>18-23 months (QUOTA = 50)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 years (QUOTA = 100)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S7. RECORD FROM SAMPLE: Region

01 Northeast (1) ➔ QUOTA (n=217)
02 Midwest (2) ➔ QUOTA (n=281)
03 South (3) ➔ QUOTA (n=424)
04 West (4) ➔ QUOTA (n=278)
SECTION 1: All Children

CHILD SLEEP HABITS

As I mentioned earlier, this survey is about children’s sleep habits. Keep in mind, there are no right or wrong answers. Now, I would like to ask you some general questions regarding [IF ONLY ONE CHILD, READ: your child’s] [IF MORE THAN ONE CHILD, READ: one of your children’s] sleep habits. (SKIP TO NEXT PARAGRAPH IF ONLY CHILD) I would like you to focus on one of your children, who will be randomly selected. Please focus on the child who is [RANDOMLY INSERT AGE].

So I can refer to this child by name during this survey, could you please give me the name or initials of your [INSERT AGE] year-old? (RECORD CHILD’S NAME. IF REFUSED, PLUG IN “THE CHILD”)

Child’s name/initials: _____________

1. What is your relationship to [CHILD]? (DO NOT READ LIST)

   01 Mother
   02 Father
   03 Stepmother
   04 Steppfather
   05 Grandmother
   06 Grandfather
   07 Foster mother
   08 Foster father
   09 Nanny/babysitter
   95 Other (SPECIFY): _______________________
   98 Refused
   99 Don’t know

2. For the next few questions, please think about [CHILD]’s sleep schedule in the past two weeks. On a typical day in the past two weeks, what was the usual time that [CHILD] woke up in the morning for the day? (DO NOT READ LIST)

   01 12:00 AM (Midnight)
   02 12:01 AM – 4:59 AM
   03 5:00 AM – 5:29 AM
   04 5:30 AM – 5:59 AM
   05 6:00 AM – 6:29 AM
   06 6:30 AM – 6:59 AM
   07 7:00 AM – 7:29 AM
   08 7:30 AM – 7:59 AM
   09 8:00 AM – 8:29 AM
   10 8:30 AM – 8:59 AM
   11 9:00 AM – 9:59 AM
   12 10:00 AM – 10:59 AM
   13 11:00 AM – 11:59 AM
   14 12:00 PM (Noon) – 5:59 PM
   15 6:00 PM – 11:59 PM
   98 Refused
   99 Don’t know
3. On a typical night in the past two weeks, what was the usual time that [CHILD] went to sleep for the night? (DO NOT READ LIST)

<table>
<thead>
<tr>
<th>Time Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 12:00 AM (Midnight)</td>
</tr>
<tr>
<td>02 12:01 AM – 12:59 AM</td>
</tr>
<tr>
<td>03 1:00 AM – 1:59 AM</td>
</tr>
<tr>
<td>04 2:00 AM – 5:00 AM</td>
</tr>
<tr>
<td>05 5:01 AM – 8:59 AM</td>
</tr>
<tr>
<td>06 9:00 AM – 11:59 AM</td>
</tr>
<tr>
<td>07 12:00 PM (Noon) – 6:59 PM</td>
</tr>
<tr>
<td>08 7:00 PM – 7:59 PM</td>
</tr>
<tr>
<td>09 8:00 PM – 8:59 PM</td>
</tr>
<tr>
<td>10 9:00 PM – 9:29 PM</td>
</tr>
<tr>
<td>11 9:30 PM – 9:59 PM</td>
</tr>
<tr>
<td>12 10:00 PM – 10:29 PM</td>
</tr>
<tr>
<td>13 10:30 PM – 10:59 PM</td>
</tr>
<tr>
<td>14 11:00 PM – 11:29 PM</td>
</tr>
<tr>
<td>15 11:30 PM – 11:59 PM</td>
</tr>
<tr>
<td>98 Refused</td>
</tr>
<tr>
<td>99 Don’t know</td>
</tr>
</tbody>
</table>

4. How often does [CHILD] go to sleep at this time? Would you say… (READ LIST)

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 Every night or almost every night,</td>
</tr>
<tr>
<td>03 A few nights a week, or</td>
</tr>
<tr>
<td>02 About once a week?</td>
</tr>
<tr>
<td>01 DO NOT READ: Less than once a week</td>
</tr>
<tr>
<td>98 DO NOT READ: Refused</td>
</tr>
<tr>
<td>99 DO NOT READ: Don’t know</td>
</tr>
</tbody>
</table>

5. On a typical night in the past two weeks, how many minutes did it take [CHILD] to fall asleep, from lights out to being asleep? (RECORD NUMBER OF MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 999 FOR “DON’T KNOW” AND 998 FOR “REFUSED”. RECORD 000 IF CHILD IS ALREADY SLEEPING. MAXIMUM IS 120 MINS.)

Minutes: _____________

6. On a typical night in the past two weeks, how many hours did [CHILD] actually sleep at night between the hours of 6pm and 8am? (RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

Hours: _____________
Minutes: _____________

7. On a typical day in the past two weeks, how many hours did [CHILD] actually sleep in the daytime between the hours of 8am and 6pm? (RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”. ENTER 00 FOR NONE.)

Hours: _____________
Minutes: _____________
8. How much sleep do you think [CHILD] needs in a 24-hour period?  
(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES.  
RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)  

   Hours: _____________  
   Minutes: _____________  

9. On most nights, do you believe that [CHILD] gets…(READ LIST)  

   01 Too little sleep,  
   02 Too much sleep, or  
   03 The right amount of sleep?  

   98 DO NOT READ: Refused  
   99 DO NOT READ: Don’t know  

10. How does [CHILD]’s sleep patterns differ on the weekends compared to weekdays? Does he or she…(READ LIST)  

   01 Get less sleep on weekends,  
   02 Get more sleep on weekends, or  
   03 Get the same amount of sleep?  

   98 DO NOT READ: Refused  
   99 DO NOT READ: Don’t know  

BEDTIME ROUTINES  

11. Does [CHILD] have a usual bedtime routine; that is on most nights, do the same activities occur?  

   01 Yes ➔ CONTINUE  
   02 No ➔ SKIP TO QUESTION 12  
   98 Refused ➔ SKIP TO QUESTION 12  
   99 Don’t know ➔ SKIP TO QUESTION 12
IF (01) IN Q11, ASK Q11a. OTHERWISE, SKIP TO Q12.

11a. What are the three most common activities that occur most nights as part of this bedtime routine? (DO NOT READ LIST. PROBE FOR THREE.)

01 Brush teeth
02 Child reads story to parent or other adult
03 Have a snack
04 Listen to radio or music
05 Parent or other adult reads story to the child
06 Play video or computer games
07 Say prayers
08 Sing songs
09 Spend time with family
10 Sports or play outside
11 Surf the Internet
12 Take a bath or shower
13 Talk on the phone or instant message
14 Use the computer
15 Watch television or a video or a DVD
95 Other (SPECIFY): ________________________
96 None
98 Refused
99 Don’t know

NAPS – ASK EVERYONE

12. Does [CHILD] currently take a nap…(READ LIST)

05 Every day or almost every day, ➔ CONTINUE
04 A few days a week, ➔ CONTINUE
03 About once a week, ➔ CONTINUE
02 Rarely, or ➔ CONTINUE
01 Never? ➔ SKIP TO QUESTION 13

98 DO NOT READ: Refused ➔ SKIP TO QUESTION 13
99 DO NOT READ: Don’t know ➔ SKIP TO QUESTION 13

IF (02-05) IN Q12, ASK Q12a. OTHERWISE, SKIP TO Q13.

12a. On days when [CHILD] naps, how many times each day does he/she take a nap? Would you say…(READ LIST)

01 Once per day,
02 Twice per day, or
03 Three or more times per day?

98 DO NOT READ: Refused
99 DO NOT READ: Don’t know
SLEEP SETTING – ASK EVERYONE

13. Does [CHILD] have his or her own bedroom?

- 01 Yes ➔ SKIP TO QUESTION 14
- 02 No ➔ CONTINUE
- 98 Refused ➔ SKIP TO QUESTION 14
- 99 Don’t know ➔ SKIP TO QUESTION 14

IF (02) IN Q13, ASK Q13a. OTHERWISE, SKIP TO Q14.

13a. Who does [CHILD] share a bedroom with? (DO NOT READ LIST)

- 01 Brother or sister
- 02 Parent
- 95 Other (SPECIFY): ________________________________
- 98 Refused
- 99 Don’t know

ASK EVERYONE

14. Does [CHILD] have his or her own bed?

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

15. Does [CHILD] have any of the following in his or her bedroom? (READ LIST. RANDOMIZE.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Television</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>b. Computer</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>c. Telephone</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>d. Nightlight</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
</tr>
</tbody>
</table>

16. Who usually puts [CHILD] to bed? (DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED)

- 01 Child puts himself/herself to bed
- 02 Mother
- 03 Father
- 04 Both parents
- 05 Brother or sister
- 95 Other (SPECIFY): ________________________________
- 98 Refused
- 99 Don’t know
17. How often is a parent or other adult present in the room when [CHILD] falls asleep? Would you say…(READ LIST)

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

98 DO NOT READ: Refused
99 DO NOT READ: Don’t know

18. Does [CHILD] regularly spend the night at another home during the week or weekends, such as at another parents’ home or a grandparent’s house?

01 Yes ➔ CONTINUE
02 No ➔ SKIP TO QUESTION 19
98 Refused ➔ SKIP TO QUESTION 19
99 Don’t know ➔ SKIP TO QUESTION 19

IF (01) IN Q18, ASK Q18a. OTHERWISE, SKIP TO Q19.

18a. How many nights per week does he/she spend the night at another home? Would you say…(READ LIST)

05 Every night or almost every night,
04 A few nights a week, or
03 About once a week?

02 DO NOT READ: Rarely
01 DO NOT READ: Never
95 DO NOT READ: Other (SPECIFY) ________________________________
98 DO NOT READ: Refused
99 DO NOT READ: Don’t know

NIGHTWAKINGS – ASK EVERYONE

19. During a typical night in the past two weeks, how many times did [CHILD] wake up and need your help or attention? Would you say…(READ LIST)

01 Once per night, ➔ CONTINUE
02 Twice per night, ➔ CONTINUE
03 Three or more times per night, or ➔ CONTINUE
96 Did he/she not wake at night? ➔ SKIP TO QUESTION 21

98 DO NOT READ: Refused ➔ SKIP TO QUESTION 21
99 DO NOT READ: Don’t know ➔ SKIP TO QUESTION 21
IF (01-03) IN Q19, ASK Q20a – Q20d. OTHERWISE, SKIP TO Q21.

20a. What was the approximate amount of time, in minutes, [CHILD] was awake during the night? (RECORD NUMBER OF MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 999 FOR “DON’T KNOW” AND 998 FOR “REFUSED”)

Minutes: _____________

20b. How often do you usually do the following when [CHILD] wakes up during the night? Do you…(READ LIST. RANDOMIZE.) Would you say always, usually, sometimes, rarely or never?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Allow him/her to fall back to sleep on his/her own</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>b. Briefly go to him/her</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>c. Stay with him/her until he/she is asleep</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>d. Read a story and/or talk with him/her a while</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>e. Sleep with him/her in his/her bed</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>f. Bring him/her to sleep in your bed or another adult’s bed</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>g. Feed him/her or give him/her a drink</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>h. Do anything else? (SPECIFY)</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
</tbody>
</table>

20c. How often does [CHILD] return to sleep without help? Would you say…(READ LIST)

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>99</td>
<td>98</td>
</tr>
</tbody>
</table>

98  DO NOT READ:  Refused
99  DO NOT READ:  Don’t know

20d. Who usually goes to [CHILD] when he or she wakes up?  (DO NOT READ LIST)

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
<th>Brother or sister</th>
<th>Nanny/babysitter</th>
<th>Other (SPECIFY):</th>
<th>No one goes to the child</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>95</td>
<td>96</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>
## SLEEP PROBLEMS – ASK EVERYONE

21. Thinking about your child’s sleep, do you think that [CHILD] has any sleep problems?

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

22. During the past two weeks, how often did [CHILD] (INSERT ATTRIBUTE. RANDOMIZE.)? Would you say every night or almost every night, a few nights a week, about once a week, rarely or never?

<table>
<thead>
<tr>
<th></th>
<th>Every night/almost every night</th>
<th>A few nights a week</th>
<th>About once a week</th>
<th>Rarely</th>
<th>Never</th>
<th>Ref</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Have trouble breathing, heavy breathing or loud breathing while sleeping</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Stop breathing during sleep</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Snore</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Have difficulty falling asleep at bedtime</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Stall about going to bed</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Resist going to bed at bedtime, such as crying, refusing to stay in bed, etc.</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Wake too early in the morning</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Have difficulty waking in the morning</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Seem sleepy or overtired during the day</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF CHILD IS AGE 3 AND ABOVE, ASK Q22L-22Q. OTHERWISE, SKIP TO Q23. (RANDOMIZE)**

<table>
<thead>
<tr>
<th></th>
<th>Every night/almost every night</th>
<th>A few nights a week</th>
<th>About once a week</th>
<th>Rarely</th>
<th>Never</th>
<th>Ref</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>j.</td>
<td>Complain of growing pains</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>Complain of uncomfortable feelings in his or her legs</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td>Wet the bed</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>Have nightmares</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n.</td>
<td>Have nighttime fears</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o.</td>
<td>Sleepwalk</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p.</td>
<td>Talk in his/her sleep</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q.</td>
<td>Complain of feeling tired during the day</td>
<td>05 04 03 02 01 98 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(FOR QUESTIONS H, I, J, AND Q, CHANGE SCALE TO READ EVERY DAY OR ALMOST EVERY DAY, A FEW DAYS A WEEK, ABOUT ONCE A WEEK, RARELY OR NEVER)*
ASK EVERYONE

23. If there was one thing that you could change about [CHILD]'s sleep, would it be…
(READ LIST. ACCEPT ONE RESPONSE ONLY.)

01  The time he or she goes to bed,
02  The time he or she wakes up in the morning,
03  The length of time that he or she sleeps,
04  His or her behavior at bedtime,
05  How well he or she sleeps at night,
06  How well he or she naps, or
95  Something else (SPECIFY): _______________________

96  DO NOT READ: Nothing
98  DO NOT READ: Refused
99  DO NOT READ: Don’t know

COSLEEPING

24. On a typical night in the past two weeks, where did [CHILD] fall asleep? (READ LIST.)

01  Own room in own bed alone
02  Own room in own bed with others
03  Parents’ room, but not in parents’ bed
04  Parents’ room in parents’ bed
05  Brother or sister’s room, but not in brother or sister’s bed
06  Brother or sister’s room in brother or sister’s bed
95  Somewhere else (SPECIFY): _______________________

98  DO NOT READ: Refused
99  DO NOT READ: Don’t know

24a. On a typical night in the past two weeks, where did [CHILD] sleep most of the night? (READ LIST.)

01  Own room in own bed alone
02  Own room in own bed with others
03  Parents’ room, but not in parents’ bed
04  Parents’ room in parents’ bed
05  Brother or sister’s room, but not in brother or sister’s bed
06  Brother or sister’s room in brother or sister’s bed
95  Somewhere else (SPECIFY): _______________________

98  DO NOT READ: Refused
99  DO NOT READ: Don’t know

24b. On a typical night in the past two weeks, where did [CHILD] usually wake up in the morning? (READ LIST.)

01  Own room in own bed alone
02  Own room in own bed with others
03  Parents’ room, but not in parents’ bed
04  Parents’ room in parents’ bed
05  Brother or sister’s room, but not in brother or sister’s bed
06  Brother or sister’s room in brother or sister’s bed
95  Somewhere else (SPECIFY): _______________________

98  DO NOT READ: Refused
99  DO NOT READ: Don’t know
25. During the past two weeks, how often did [CHILD] [INSERT ATTRIBUTE. RANDOMIZE] during the course of the day? Would you say always, usually, sometimes, rarely or never?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Ref</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cling to an adult</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>b. Whine and/or complain</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>c. Smile and seem happy</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>d. Fuss when he or she did not get his or her way</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>

SECTION 1a: 0 to <3 Year Olds

SLEEP HABITS – IF S3 <3, ASK Q26. OTHERWISE, SKIP TO Q32.

26. Is [CHILD] currently breastfeeding?

   01  Yes
   02  No
   98  Refused
   99  Don’t know

27. When [CHILD] is put into his or her crib or bed, is he or she typically asleep or awake?

   01  Awake
   02  Asleep
   98  Refused
   99  Don’t know
28. In the past two weeks, how often has [CHILD] fallen asleep [INSERT ATTRIBUTE. RANDOMIZE.] at naptime? Would you say every day or almost every day, a few days a week, about once a week, rarely or never? (USE 96 “NOT APPLICABLE” IF IT DOES NOT APPLY)

<table>
<thead>
<tr>
<th></th>
<th>Every day or almost every day</th>
<th>A few days a week</th>
<th>About once a week</th>
<th>Rarely</th>
<th>Never</th>
<th>Ref</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In a crib or bassinet</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>b. In parents’ bed</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>c. In an infant or car seat</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>d. In a swing</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>e. While riding in a car</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>f. In another room in the house, like the living room</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>g. While being held or rocked</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>h. While nursing <strong>ASK IF Q26(01)</strong></td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>i. While drinking from a bottle</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>j. With a brother or sister</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>k. At daycare</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>

29. In the past two weeks, how often has [CHILD] fallen asleep [INSERT ATTRIBUTE. RANDOMIZE.] at bedtime? Would you say every night or almost every night, a few nights a week, about once a week, rarely or never? (USE 96 “NOT APPLICABLE” IF IT DOES NOT APPLY)

<table>
<thead>
<tr>
<th></th>
<th>Every night or almost every night</th>
<th>A few nights a week</th>
<th>About once a week</th>
<th>Rarely</th>
<th>Never</th>
<th>Ref</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In a crib or bassinet</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>b. In parents’ bed</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>c. In an infant or car seat</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>d. In a swing</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>e. While riding in a car</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>f. In another room in the house, like the living room</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>g. While being held or rocked</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>h. While nursing <strong>ASK IF Q26(01)</strong></td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>i. While drinking from a bottle</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>j. With a brother or sister</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>
30. When [CHILD] is sleeping, how often does he/she currently [INSERT ATTRIBUTE. RANDOMIZE.]?
Would you say always, usually, sometimes, rarely or never?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Use a pacifier</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
</tr>
<tr>
<td>b. Suck his/her thumb or other fingers</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
</tr>
<tr>
<td>c. Sleep with a blanket</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
</tr>
<tr>
<td>d. Sleep with a soft object, such as a stuffed animal</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
</tr>
</tbody>
</table>

31. If [CHILD] sleeps in his or her own bed or toddler bed, at what age was he or she moved from a crib to a bed? Would you say…(READ LIST)

01 Under 24 months,
02 24 up to 30 months,
03 30 up to 36 months, or
04 36 months or older?

05 DO NOT READ: Child never slept in a crib
06 DO NOT READ: Child sleeps in a bed other than his/her own bed
97 DO NOT READ: Child is still in crib
98 DO NOT READ: Refused
99 DO NOT READ: Don’t know

SECTION 1b:
0 to 4 Year Olds and 5 Year Olds Who Are In Preschool

IF S3 (0-4) or [S3 (05) and S6 (01)], ASK Q32. OTHERWISE, SKIP TO Q33

32. Approximately how many hours per week is [CHILD] usually cared for by someone other than a parent or primary caregiver, including attending a preschool program?

(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

Hours: _____________
Minutes: _____________

SECTION 1c:
Kindergarten and above

IF [S3 = >4 and S6 (02-09)], ASK Q33-46. OTHERWISE, SKIP TO Q47

33. What time does [CHILD]’s school start?

(RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED.” IF CHILD IS HOMESCHOOLED BEGINNING AT NO SET TIME, RECORD 97)

__ __:__ __ HOUR:MINUTE
34. What time does [CHILD]'s school end? (RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON'T KNOW” AND 98 FOR “REFUSED.”)

   __ __:__ __ HOUR:MINUTE

35. Does [CHILD] attend… (READ LIST)

   01 Before school care,     →     CONTINUE
   02 After school care,     →     GO TO Q35c
   03 Both before and after school care, or →     CONTINUE
   04 Neither before nor after school care? →     SKIP TO Q36
   98 DO NOT READ: Refused →     SKIP TO Q36
   99 DO NOT READ: Don’t know →     SKIP TO Q36

[IF (01 OR 03) IN Q35, ASK Q35a. OTHERWISE, SKIP TO Q35c.]

35a. How many days per week does [CHILD] attend before school care? (DO NOT READ LIST.)

   01 One
   02 Two
   03 Three
   04 Four
   05 Five or more
   98 Refused
   99 Don’t know

35b. Approximately what time does [CHILD] arrive at his/her before school care?
     (RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   __ __:__ __ HOUR:MINUTE

[IF (02 OR 03) IN Q35, ASK Q35c. OTHERWISE, SKIP TO Q36.]

35c. How many days per week does [CHILD] attend after school care? (DO NOT READ LIST.)

   01 One
   02 Two
   03 Three
   04 Four
   05 Five or more
   98 Refused
   99 Don’t know

35d. Approximately what time does [CHILD] leave his/her after school care?
     (RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   __ __:__ __ HOUR:MINUTE
IF [S3 > 4 AND S6 (02-09)], ASK Q36-46. OTHERWISE, SKIP TO Q47.

36. What time does [CHILD] usually leave the house in the morning for school or before-school care? (RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON'T KNOW” AND 98 FOR “REFUSED”)

   _ _: _ ___ HOUR:MINUTE

37. How would you rate [CHILD]’s academic performance last year? Would you say it was… (READ LIST)

   05 Excellent,
   04 Above average,
   03 Average,
   02 Below average, or
   01 Failing?

   96 DO NOT READ: Child’s school does not give grades
   97 DO NOT READ: Child’s first year/Did not go to school last year
   98 DO NOT READ: Refused
   99 DO NOT READ: Don’t know

LIFESTYLE

38. Does [CHILD] participate in any activities outside of school hours or on the weekend, such as sports, boy/girl scouts, music lessons, dance lessons, or another type of activity?

   01 Yes ➔ CONTINUE
   02 No ➔ SKIP TO Q39a
   98 Refused ➔ SKIP TO Q39a
   99 Don’t know ➔ SKIP TO Q39a

IF (01) IN Q38, ASK Q38a-c. OTHERWISE, SKIP TO Q39a

38a. What is the total number of activities outside of school hours or on the weekend [CHILD] typically participates in per week? (RECORD NUMBER OF ACTIVITIES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   Activities: _____________

38b. What is the approximate number of hours per week [CHILD] spends participating in these activities? (RECORD NUMBER OF HOURS BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   Hours: _____________
38c. How many days a week does [CHILD] have activities that start or end after 6:00 in the evening? (DO NOT READ LIST)

   00 None
   01 One
   02 Two
   03 Three
   04 Four
   05 Five
   06 Six
   07 Seven
   98 Refused
   99 Don’t know

RANDOMIZE Q39a-d

39a. Thinking about a typical school day, approximately how much time does [CHILD] spend on homework while at home per day? (RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   Hours: _____________
   Minutes: _____________

39b. Thinking about a typical school day, approximately how much time does [CHILD] spend on the Internet while at home? (RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   Hours: _____________
   Minutes: _____________

39c. Thinking about a typical school day, approximately how much time does [CHILD] spend playing computer or video games while at home? (RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   Hours: _____________
   Minutes: _____________

39d. Thinking about a typical school day, approximately how much time does [CHILD] spend watching television while at home? (RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   Hours: _____________
   Minutes: _____________
DAYTIME BEHAVIORS/DAYTIME SLEEPINESS

<table>
<thead>
<tr>
<th>RANDOMIZE</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Have any of [CHILD]'s teachers ever complained about him/her being</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>sleepy or falling asleep in school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Has [CHILD]'s school ever called you about a problem with his/her</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>behavior?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Does [CHILD] have difficulty making friends?</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>43. Is [CHILD] easily distracted?</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
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<td>44. Does [CHILD] have difficulty sitting still or always seems to be</td>
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<td>02</td>
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<tr>
<td>moving?</td>
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<td>45. How often has [CHILD] been late for school due to his/her oversleeping</td>
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<td>or being too tired?</td>
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<tr>
<td>Would you say…](READ LIST)</td>
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<tr>
<td>05 Every day or almost every day,</td>
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<td>04 A few days a week,</td>
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<tr>
<td>03 A few days a month,</td>
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<tr>
<td>02 Rarely, or</td>
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<tr>
<td>01 Never?</td>
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<tr>
<td>98 DO NOT READ: Refused</td>
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<tr>
<td>99 DO NOT READ: Don’t know</td>
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</table>

46. How often has [CHILD] missed school due to his/her oversleeping or    |
| being too tired?                                                        |
| 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

47. Do you shelter [CHILD] from stressful situations that may occur in your|
| home, such as witnessing an argument between household members, death in |
| the family, etc.?                                                        |
| 01 Yes  
| 02 No  
| 98 Refused  
| 99 Don’t know

47a. Would you say [CHILD]'s sleep is affected by these stressful situations |
| that may occur in your home?                                              |
| 01 Yes  
| 02 No  
| 98 Refused  
| 99 Don’t know
48. Do you shelter [CHILD] from stressful situations that may occur outside your home either in your community or events that occur elsewhere but are covered in the news, such as a school shooting, warnings about terrorist attacks or similar events?

01 Yes ➔ SKIP TO Q49
02 No ➔ CONTINUE
98 Refused ➔ SKIP TO Q49
99 Don’t know ➔ SKIP TO Q49

48a. Would you say [CHILD]’s sleep is affected by these stressful situations that may occur outside your home?

01 Yes
02 No
98 Refused
99 Don’t know

IF (01) IN Q47a OR (01) IN Q48a, ASK Q49 AND Q50. OTHERWISE, SKIP TO Q51.

49. Would you say [CHILD] (READ LIST) due to these stressful situations?

01 Gets more sleep,
02 Gets less sleep, or
03 Gets the same amount of sleep

98 DO NOT READ: Refused
99 DO NOT READ: Don’t know

50. Would you say [CHILD] (READ LIST) due to these stressful situations?

01 Has more nighttime awakenings,
02 Has less nighttime awakenings, or
03 Has the same number of nighttime awakenings

98 DO NOT READ: Refused
99 DO NOT READ: Don’t know

SECTION 2: HEALTH (All Children)

CHILD’S HEALTH – ASK EVERYONE

51. Would you rate [CHILD]’s overall health as…(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
52. What is [CHILD]’s approximate height without shoes? (RECORD HEIGHT IN FEET AND INCHES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)

   Feet: _____________
   Inches: _____________

53. What is [CHILD]’s approximate weight without shoes? (RECORD WEIGHT IN POUNDS BELOW. DO NOT ACCEPT RANGES. RECORD 999 FOR “DON’T KNOW” AND 998 FOR “REFUSED”)

   Weight: _____________

54. RECORD BMI (BODY MASS INDEX) HERE ________________.

55. Has [CHILD] ever been given any prescription or over-the-counter medications to help him/her sleep? (DO NOT READ LIST. PROBE FOR PRESCRIPTION AND/OR OVER-THE-COUNTER.)

   01 Yes, prescription medications
   02 Yes, over-the-counter medications
   03 Yes, both prescription and over-the-counter medications
   96 None
   98 Refused
   99 Don’t know

56. Has [CHILD]’s doctor ever asked you about his/her sleep?

   01 Yes
   02 No
   98 Refused
   99 Don’t know

57. Has [CHILD]’s doctor ever asked you whether he/she snores?

   01 Yes
   02 No
   98 Refused
   99 Don’t know

58. Have you ever asked [CHILD]’s doctor about a sleep problem?

   01 Yes
   02 No
   98 Refused
   99 Don’t know

IF S3 >2, ASK Q59. OTHERWISE, SKIP TO INTRODUCTION BEFORE Q60

59. Thinking about caffeinated beverages such as Coke, Pepsi, Mountain Dew, coffee and iced tea, how many cups or cans of caffeinated beverages does [CHILD] typically drink each day? (RECORD 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: _____________
SECTION 3: CAREGIVER

PARENT/CAREGIVER SLEEP HABITS – ASK EVERYONE

As I mentioned earlier, this survey is about sleep habits of Americans. Keep in mind, there are no right or wrong answers. Now, I would like to ask you some general questions regarding your sleep habits. Please think about your sleep schedule in the past two weeks.

60. On a weekday, 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 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)
   Hours: _____________
   Minutes: _____________

61. On a weekday, how many hours do you usually sleep during the day? (RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)
   Hours: _____________
   Minutes: _____________

62. How much sleep do you think you need each night? (RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED”)
   Hours: _____________
   Minutes: _____________

63. On most nights, do you believe that you get… (READ LIST)
   01 Too little sleep,
   02 Too much sleep, or
   03 The right amount of sleep?
   98 DO NOT READ: Refused
   99 DO NOT READ: Don’t know

64. How often do you have daytime sleepiness so severe 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
65. How many nights a week (does your child/do your children) awaken you?  
(RECORD NUMBER OF NIGHTS BELOW. DO NOT ACCEPT RANGES. RECORD 00 FOR “NONE,” 99 FOR “DON’T KNOW” AND 98 FOR “REFUSED.” IF NONE, SKIP TO Q67)

   Nights: _____________

IF NOT (00) IN Q65, ASK Q66. OTHERWISE, SKIP TO Q67.

66. How much sleep do you lose on an average night because of your (child/children) awakening you at night? Would you say…(READ LIST)

   01  None,
   02  1-30 minutes,
   03  31-59 minutes,
   04  1-2 hours, or
   05  More than 2 hours?

   98  DO NOT READ: Refused
   99  DO NOT READ: Don’t know

ASK EVERYONE

67. How often does [CHILD] go to bed after you do? Would you say…(READ LIST)

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

   98  DO NOT READ: Refused
   99  DO NOT READ: Don’t know

68. How often does [CHILD] wake up in the morning before you do? Would you say…(READ LIST)

   05  Every day or almost every day,
   04  A few days a week,
   03  About once a week,
   02  Rarely, or
   01  Never?

   98  DO NOT READ: Refused
   99  DO NOT READ: Don’t know
69. How frequently do you experience insomnia, defined as trouble falling asleep, trouble staying asleep, waking too early, or being unable to get back to sleep? Would you say… (READ LIST)

05 Every night or almost every night, ➔ CONTINUE
04 A few nights a week, ➔ CONTINUE
03 About once a week, ➔ CONTINUE
02 Rarely, or ➔ CONTINUE
01 Never? ➔ SKIP TO QUESTION 71

98 DO NOT READ: Refused ➔ SKIP TO QUESTION 71
99 DO NOT READ: Don’t know ➔ SKIP TO QUESTION 71

IF (02-05) IN Q69, ASK Q70. OTHERWISE, SKIP TO Q71.

70. Compared to before you had a child or were a caregiver for a child, do you currently experience symptoms of insomnia: (READ LIST)

05 Much more frequently,
04 Somewhat more frequently,
03 About as frequently,
02 Somewhat less frequently, or
01 Much less frequently?

98 DO NOT READ: Refused
99 DO NOT READ: Don’t know

PARENTING/CAREGIVER STRESS – ASK EVERYONE

71. Next I’m going to read you some feelings that many people who are parents or caregivers sometimes experience. When you think of your experience as a parent or caregiver, how often do you feel [INSERT ATTRIBUTE]? Would you say always, usually, sometimes, rarely or never?

<table>
<thead>
<tr>
<th>RANDOMIZE</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Frustrated</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
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<tr>
<td>b. Tense</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
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<td>c. Bothered</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>d. Unhappy</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>e. Emotionally worn out</td>
<td>05</td>
<td>04</td>
<td>03</td>
<td>02</td>
<td>01</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>

72. How much stress does [CHILD]’s sleep habits cause in your marriage or relationship? Would you say a … (READ LIST)

01 Significant amount of stress,
02 Moderate amount of stress,
03 A little stress, or
04 No stress?

96 DO NOT READ: Not married/No relationship
98 DO NOT READ: Refused
99 DO NOT READ: Don’t know
73. After a night of not getting enough sleep, how would you describe your energy level with [CHILD]?
Would you say you are: *(READ LIST)*

- 05 Much more energetic,
- 04 Somewhat more energetic,
- 03 About the same,
- 02 Somewhat less energetic, or
- 01 Much less energetic?

98 **DO NOT READ:** Refused
99 **DO NOT READ:** Don’t know

---

**DROWSY DRIVING – ASK EVERYONE**

74. In the last year, have you… *(READ LIST. RANDOMIZE. IF DON'T DRIVE OR DON'T HAVE A LICENSE, SKIP TO Q75)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused</th>
<th>Don’t drive/Don’t have a license</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Driven a car or another motor vehicle while feeling drowsy</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
<td>96</td>
</tr>
<tr>
<td>b. Dozed off, even if just for a brief moment, while at the wheel of a car or another vehicle</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
<td>96</td>
</tr>
<tr>
<td>c. Had an accident because you dozed off or were too tired while driving</td>
<td>01</td>
<td>02</td>
<td>99</td>
<td>98</td>
<td>96</td>
</tr>
</tbody>
</table>

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**EMPLOYMENT – ASK EVERYONE**

75. On average, how many total hours do you work per week at a job for which you are paid? *(RECORD NUMBER OF HOURS BELOW. DO NOT ACCEPT RANGES. RECORD 998 FOR “REFUSED” AND 999 FOR “DON’T KNOW.” RECORD 000 FOR NONE)*

Hours: ____________

76. On average, how many total hours does your spouse or partner work per week at a job for which he or she is paid? *(RECORD NUMBER OF HOURS BELOW. DO NOT ACCEPT RANGES. RECORD 998 FOR “REFUSED” AND 999 FOR “DON’T KNOW.” RECORD 997 IF HAVE NO SPOUSE. RECORD 000 FOR NONE. IF (96) IN Q72, SKIP TO Q77.)*

Hours: ____________
**SECTION 11: DEMOGRAPHICS**

77. These next few questions are for classification purposes only and will be kept strictly confidential. What is your current marital status? Are you… *(READ LIST. ACCEPT ONE RESPONSE.)*

01 Married,
02 Single,
03 Living with someone,
04 Divorced,
05 Separated, or
06 Widowed?

98 **DO NOT READ:** Refused

78. What is your age? ____ *(ENTER AGE AS 3 DIGITS (EX: AGE = 65, ENTER AS 065. RECORD 998 FOR “REFUSED”)*)

79. What is the total number of individuals living in your home including yourself? ____

80. What was the last grade or highest level of school that you completed? *(DO NOT READ LIST)*

01 8th grade or less
02 Some high school
03 Graduated high school/GED
04 Vocational/Tech school
05 Some college
06 Graduated college
07 Advanced degree (M.A., Ph.D., etc.)
98 Refused

81. Would you consider [CHILD] 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
04 Asian
05 American Indian
95 Other *(SPECIFY):___________________________
98 Refused

82. 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
04 Asian
05 American Indian
95 Other *(SPECIFY):___________________________
98 Refused
83. Please stop me when I reach the category that includes your total annual household income. Would you say…(READ LIST. IF SINGLE, ASK FOR PERSONAL INCOME.)

01 Under $20,000,
02 $20,000 up to $40,000,
03 $40,000 up to $75,000,
04 $75,000 up to $100,000, or
05 $100,000 or more?

98 DO NOT READ: Refused
99 DO NOT READ: Don’t know

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.

RECORD NAME AND CONFIRM PHONE NUMBER FOR SUPERVISOR VERIFICATION