

**NATIONAL SLEEP FOUNDATION  
2005 SLEEP IN AMERICA POLL  
SCREENING QUESTIONNAIRE**

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Respondent Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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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 Americans. This is not a sales call; it is a national research survey. It will take a few minutes of your time and your responses will be kept strictly confidential.

S1. Are you 18 years of age or older?

01 Yes → **CONTINUE**

02 No → **ASK TO SPEAK TO SOMEONE 18 YEARS OR OLDER AND RETURN TO INTRODUCTION.**

S2. **RECORD, DO NOT ASK:** Gender

01 Male → **QUOTA (n=750)**

02 Female → **QUOTA (n=750)**

S3. What is your marital status? Are you...(READ LIST)

01 Married,

02 Single,

03 Living with someone,

04 Divorced,

05 Separated, or

06 Widowed?

98 **DO NOT READ:** Refused

S4. **RECORD FROM SAMPLE:** Region

01 Northeast (1) → **QUOTA (n=285)**

02 Midwest (2) → **QUOTA (n=360)**

03 South (3) → **QUOTA (n=540)**

04 West (4) → **QUOTA (n=315)**

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

**2005 SLEEP IN AMERICA POLL  
MAIN QUESTIONNAIRE**

**SECTION 1: SLEEP HABITS -- ASK EVERYONE**

As I mentioned earlier, this survey is about sleep habits among Americans. 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 weekdays? **(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.)**

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

3. 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.)**

Hours: \_\_\_\_\_  
Minutes: \_\_\_\_\_

4. 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                |

5. At what time do you usually go to bed on nights you do not work the next day or weekends? **(DO NOT READ LIST.)**

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

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.)**

Hours: \_\_\_\_\_  
 Minutes: \_\_\_\_\_

6a. How often do you stay up later than you planned or wanted to on weeknights? 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

- 6b. Thinking about your sleep and sleep habits within the past month, how often have you done the following in the hour before you went to bed? Would you say that in the past month you...**(READ LIST. RANDOMIZE.)** within an hour of going to bed every night or almost every night, a few nights a week, a few nights a month, rarely or never?

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. Did work relating to your job	05	04	03	02	01	98	99
b. Watched TV	05	04	03	02	01	98	99
c. Listened to the radio or music	05	04	03	02	01	98	99
d. Were on the Internet	05	04	03	02	01	98	99
e. Read	05	04	03	02	01	98	99
f. Had sex	05	04	03	02	01	98	99
g. Exercised	05	04	03	02	01	98	99
h. Spent time with family/friends	05	04	03	02	01	98	99
i. Drank an alcoholic beverage	05	04	03	02	01	98	99
j. Took a hot bath/shower	05	04	03	02	01	98	99

- 6c. Do you have any of the following in your bedroom? **(READ LIST. RANDOMIZE.)**

	Yes	No	Refused	Don't know
a. Television	01	02	98	99
b. Computer	01	02	98	99
c. Telephone	01	02	98	99
d. Radio/Stereo/DVD	01	02	98	99

7. 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

8. Most nights, do you sleep...**(READ LIST. MULTIPLE RESPONSES ACCEPTED EXCEPT WITH 01.)**

- 01 Alone,  
 02 With your significant other,  
 03 With your children,  
 04 With a pet, or  
 95 Something else? **(SPECIFY)** \_\_\_\_\_  
 98 **DO NOT READ:** Refused  
 99 **DO NOT READ:** Don't know

9. Most nights, do you **prefer** to sleep...(READ LIST. MULTIPLE RESPONSES ACCEPTED EXCEPT WITH 01.)

- 01 Alone,
- 02 With your significant other,
- 03 With your children,
- 04 With a pet, or
- 05 Something else? (SPECIFY) \_\_\_\_\_
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

10. If you thought you had a sleep problem, what would you be likely to do? Would you...(READ LIST. MULTIPLE RESPONSES ACCEPTED.)

- 01 Assume it will go away in time,
- 02 Use an over-the-counter sleep aid,
- 03 Talk to your doctor,
- 04 Self-treat it (using something other than OTC sleep aids),
- 05 Get recommendations from family/friends, or
- 95 Something else? (SPECIFY) \_\_\_\_\_
- 96 **DO NOT READ:** Nothing
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

11. Do you think you have a sleep problem? (DO NOT READ LIST.)

- 01 Yes
- 02 No
- 03 Maybe
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

12. On average, how many times during the week do you take a nap? Would you say...(READ LIST.)

- 01 None,  → **SKIP TO Q14**
- 02 1 time,
- 03 2 or 3 times,
- 04 4 or 5 times, or  → **CONTINUE**
- 05 More than 5 times?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know  → **SKIP TO Q14**

**IF "03-05" IN Q12, ASK Q13. OTHERWISE SKIP TO Q14.**

13. On average, how long would you say you usually nap? Would you say...(READ LIST.)

- 01 Less than 15 minutes,
- 02 15 to less than 30 minutes,
- 03 30 to less than 45 minutes,
- 04 45 minutes to less than 1 hour, or
- 05 1 hour or more?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**SECTION 2: SLEEP PROBLEMS/DISORDERS -- ASK EVERYONE**

14. How often have you had each of the following in the past year? Would you say **(READ LIST. RANDOMIZE.)** every night or almost every night, a few nights a week, a few nights a month, rarely, or never?

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. You had difficulty falling asleep	05	04	03	02	01	98	99
b. You were awake a lot during the night	05	04	03	02	01	98	99
c. You woke up too early and could not get back to sleep	05	04	03	02	01	98	99
d. You woke up feeling un-refreshed	05	04	03	02	01	98	99

15. I would like to ask you about your experiences with specific sleep-related problems or disorders. In the past year, according to your own experiences or what others tell you, how often did you...**(READ LIST. RANDOMIZE.)** Would you say every night or almost every night, a few nights a week, a few nights a month, rarely, or never?

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. 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.	05	04	03	02	01	98	99
b. Move your body frequently or have twitches often during the night.	05	04	03	02	01	98	99

**IF Q15a (02-05), ASK Q16. OTHERWISE SKIP TO Q17.**

16. Would you say these feelings in your legs are worse, about the same as, or better at night or in the evening compared to other times of the day? **(DO NOT READ LIST.)**

- 01 Worse at night
- 02 About the same as
- 03 Better at night
- 98 Refused
- 99 Don't know

**ASK EVERYONE**

17. According to your own experiences or what others tell you, do you snore? **(DO NOT READ LIST.)**

- 01 Yes  → **CONTINUE**
- 02 No
- 98 Refused  → **SKIP TO Q21**
- 99 Don't know

**IF YES (01) IN Q17, ASK Q18. OTHERWISE, SKIP TO Q21.**

18. Would you say your snoring is...**(READ LIST.)**

- 04 Slightly louder than breathing,
- 03 As loud as talking,
- 02 Louder than talking, or
- 01 Very loud and can be heard in adjacent rooms?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

19. How often would you say that you snore? Would you say you snore...**(READ LIST.)**

- 05 Every night or almost every night,
- 04 3 to 4 nights a week,
- 03 1 to 2 nights a week, or
- 02 1 to 2 nights a month?
- 01 **DO NOT READ:** Never/Less often
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

20. Has your snoring ever bothered others? **(DO NOT READ LIST.)**

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

**ASK EVERYONE**

21. 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 3 to 4 nights a week,
- 03 1 to 2 nights a week,
- 02 1 to 2 nights a month, or
- 01 Never?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

22. On a scale of 1 to 5 where a 1 means no impact and a 5 means severe impact, how severe is the impact of your sleep problems on your daily activities? **(DO NOT READ LIST.)**

- 05 5 - Severe impact
- 04 4
- 03 3
- 02 2
- 01 1 - No impact
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**IF MARRIED (01) OR LIVING WITH SOMEONE (03) IN QS3, ASK Q23. OTHERWISE SKIP TO Q28.**

23. As a result of a sleep problem, do you or does your partner do any of the following to ensure that you both get a good night sleep...(READ LIST. RANDOMIZE.)

	Yes	No	Refused	Don't know
a. Sleep in a separate bed, bedroom or on the couch	01	02	98	99
b. Alter your sleep schedules	01	02	98	99
c. Sleep with earplugs or an eye mask	01	02	98	99

24. Did your partner have any of the following within the past year? Did...(READ LIST. RANDOMIZE.)

	Yes	No	Not sure	Refused	Don't know
a. He or she have difficulty falling asleep	01	02	03	98	99
b. He or she wake a lot during the night	01	02	03	98	99
c. He or she wake up too early and could not get back to sleep	01	02	03	98	99
d. He or she wake up feeling unrefreshed	01	02	03	98	99

25. Now, I would like to ask you about your partner's experiences with specific sleep-related problems or disorders. In the past year, did your partner...(READ LIST. RANDOMIZE.)

	Yes	No	Not sure	Refused	Don't know
a. Snore	01	02	03	98	99
b. Have pauses in his or her breathing during sleep	01	02	03	98	99
c. Have unpleasant feelings in his or her legs like creepy, crawly or tingly feelings at night with an urge to move when he or she lied down to sleep	01	02	03	98	99
d. Move his or her body frequently or have twitches often during the night	01	02	03	98	99

26. On a typical night, how much sleep do you lose because of your partner's sleep problems? (RECORD NUMBER OF MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 998 FOR REFUSED, 999 FOR DON'T KNOW AND 000 FOR NONE.)

Minutes: \_\_\_\_\_

27. How much of a problem do your or your partner's sleep disorders have on your relationship? Would you say it causes...(READ LIST.)

- 01 Significant problems,
- 02 Moderate problems,
- 03 Little problems, or
- 04 No problems?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know



**ASK EVERYONE**

28. On how many nights can 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

**SECTION 3: HEALTH CARE -- ASK EVERYONE**

29. Has a doctor ever asked you about your sleep? (**DO NOT READ LIST.**)
- 01 Yes
  - 02 No
  - 98 Refused
  - 99 Don't know
30. What, if anything, awakens you during the night? (**DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED.**)
- 01 Noise
  - 02 Light
  - 03 Stress
  - 04 Thinking about work, something else
  - 05 Someone else
  - 06 Pain/Discomfort
  - 07 Nightmares
  - 08 World events
  - 09 The need to go to the bathroom
  - 10 Wake up for no apparent reason
  - 95 Something else (**SPECIFY**) \_\_\_\_\_
  - 96 Nothing awakens me at night
  - 98 Refused
  - 99 Don't know
31. If you awaken during the night, how difficult is it for you to fall back asleep? Would you say it is...(READ LIST.)
- 01 Very difficult,
  - 02 Somewhat difficult,
  - 03 Not very difficult, or
  - 04 Not at all difficult?
  - 98 **DO NOT READ:** Refused
  - 99 **DO NOT READ:** Don't know

**SECTION 4: MEDICATIONS -- ASK EVERYONE**

32. How frequently do you use the following sleep aids specifically to help you sleep? Would you say you use **(READ LIST. RANDOMIZE.)** every night or almost every night, a few nights a week, a few nights a month, rarely, or never?

	Every night or almost every night	A few night 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. Alcohol, beer or wine	05	04	03	02	01	98	99
d. An eye mask or earplugs	05	04	03	02	01	98	99
e. Melatonin	05	04	03	02	01	98	99

**SECTION 5: DAYTIME SLEEPINESS -- ASK EVERYONE**

33. How often do you feel tired or fatigued after your sleep? Would you say...**(READ LIST.)**

- 05 Every day or almost every day,
- 04 3 to 4 days a week,
- 03 1 to 2 days a week,
- 02 1 to 2 days a month, or
- 01 Never?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

34. During your wake time, how often do you feel tired, fatigued or not up to par? Would you say...**(READ LIST.)**

- 05 Every day or almost every day,
- 04 3 to 4 days a week,
- 03 1 to 2 days a week,
- 02 1 to 2 days a month, or
- 01 Never?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

35. What wakes you up in the morning? **(DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Alarm clock
- 02 Bed partner
- 03 Children
- 04 Light
- 05 Pet
- 06 Radio/Television
- 07 Wake up on own
- 95 Other **(SPECIFY)** \_\_\_\_\_
- 98 Refused
- 99 Don't know

36. What is the minimum number of hours you need to sleep to function at your best during the day?  
**(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES.  
RECORD 98 FOR REFUSED AND 99 FOR DON'T KNOW.)**

Hours: \_\_\_\_\_

Minutes: \_\_\_\_\_

37. If you were late or tardy to work, was it because...**(READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 You went to bed too late,
- 02 You slept too late,
- 03 You were too sleepy when you woke up,
- 04 You have a sleep problem,
- 05 Traffic or transportation problems,
- 06 You needed to take care of others, or
- 97 You are never late or tardy?

08 **DO NOT READ:** Do not work → **SKIP TO QUESTION 40**

96 **DO NOT READ:** None of the above

98 **DO NOT READ:** Refused

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

**IF DO NOT WORK (08) IN Q37, SKIP TO Q40.**

38. How many days within the past three months have you missed work 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

39. Thinking about the past three months, how many days did you make errors at work 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

**ASK EVERYONE**

40. 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
41. Has your intimate or sexual relationship been affected because you were too sleepy? That is, did you have sex less often or lose interest in having sex because you were too sleepy? (**DO NOT READ LIST.**)
- 01 Yes
  - 02 No
  - 96 No intimate or sexual relationship
  - 98 Refused
  - 99 Don't know
42. If you watch the news or a violent program on TV before you go to bed, what impact, if any, does this have on your sleep? Would you say it...(READ LIST. MULTIPLE RESPONSES ACCEPTED.)
- 01 Makes it difficult for you to fall asleep,
  - 03 Causes you to have disturbed or restless sleep,
  - 95 Has some other impact on your sleep (**SPECIFY**) \_\_\_\_\_
  - 04 Or does it have no impact on your sleep?
  - 96 **DO NOT READ:** Do not watch TV/these programs before bed
  - 98 **DO NOT READ:** Refused
  - 99 **DO NOT READ:** Don't know
43. How concerned are you about current events, such as the war in Iraq, terrorism, the economy or the upcoming election? Would you say you are...(READ LIST.)
- 01 Very concerned,
  - 02 Somewhat concerned,
  - 03 Not really concerned, or
  - 04 Not at all concerned?
  - 98 **DO NOT READ:** Refused
  - 99 **DO NOT READ:** Don't know

**SECTION 6: SLEEP EXPERIENCES -- ASK EVERYONE**

44. Now I am going to read you a few statements. Please tell me if you completely agree, mostly agree, mostly disagree or completely disagree with each statement. **(READ LIST. RANDOMIZE.)**

	<b>Completely Agree</b>	<b>Mostly Agree</b>	<b>Mostly Disagree</b>	<b>Completely Disagree</b>	<b>Refused</b>	<b>Don't know</b>
a. You can learn to function well over time with one or two fewer hours of sleep than you need.	04	03	02	01	98	99
b. Doctors should discuss sleep issues with their patients.	04	03	02	01	98	99
c. Sleep problems are associated with being overweight or obese.	04	03	02	01	98	99
d. Insufficient or poor sleep is associated with health problems.	04	03	02	01	98	99

45. Would you consider yourself a morning person or an evening person? That is are you more alert, productive and energetic in the morning or evening? **(DO NOT READ LIST.)**

- 01 Morning person
- 02 Evening person
- 98 Refused
- 99 Don't know

46. 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 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: \_\_\_\_\_

47. Now, thinking about alcoholic beverages such as beer, wine, liquor or mixed drinks, how many alcoholic beverages do you typically drink each **week**? **(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".)**

Alcoholic beverages: \_\_\_\_\_

**SECTION 7: DROWSY DRIVING -- ASK EVERYONE**

48. In the past year, how often have you driven a car or motor vehicle while feeling drowsy? Would you say...**(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 Q53**
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

**IF DON'T DRIVE OR DON'T HAVE A LICENSE (96) IN Q48, SKIP TO Q53.**

49. In the past year, have you had an accident or a near accident because you dozed off or were too tired while driving? **(DO NOT READ LIST.)**

- 01 Yes → **CONTINUE**  
02 No  
98 Refused  
99 Don't know ] → **SKIP TO Q51**

**IF YES (01) IN Q49, ASK Q50. OTHERWISE SKIP TO Q51.**

50. In the past year, how often have you had an accident or a near accident because you dozed off or were too tired while driving? Would you say...**(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?  
98 **DO NOT READ:** Refused  
99 **DO NOT READ:** Don't know

**IF DON'T DRIVE OR DON'T HAVE A LICENSE (96) IN Q48, SKIP TO Q53.**

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

- 01 Yes → **CONTINUE**  
02 No  
96 Don't drive/Don't have a license  
98 Refused  
99 Don't know ] → **SKIP TO Q53**

**IF YES (01) IN Q51, ASK Q52. OTHERWISE SKIP TO Q53.**

52. How often do you nod off or fall asleep while driving a vehicle? Would you say...**(READ LIST.)**

- 05 Every day or almost every day,  
04 3 to 4 days a week,  
03 1 to 2 days a week,  
02 1 to 2 days a month, or  
01 Less often or never?  
98 **DO NOT READ:** Refused  
99 **DO NOT READ:** Don't know

**SECTION 8: HEALTH -- ASK EVERYONE**

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

\_\_\_\_\_  
**(RECORD HEIGHT)**



**IF "01-03" IN Q57, ASK Q58. OTHERWISE SKIP TO D1.**

58. Thinking about the past 3 months, which of the following best describes your work schedule? Would you say that you worked...(READ LIST.)

- 01 Regular day shifts,
- 02 Regular evening shifts,
- 03 Regular night shifts, or
- 04 Rotating shifts?

95 **DO NOT READ:** Other (SPECIFY): \_\_\_\_\_

98 **DO NOT READ:** Refused

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

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

\_\_\_\_\_  
(RECORD HOURS)

60. What is your occupation and for what type of company do you work? (RECORD RESPONSES BELOW.)

\_\_\_\_\_  
(OCCUPATION)

\_\_\_\_\_  
(TYPE OF COMPANY)

**SECTION 10: DEMOGRAPHICS -- ASK EVERYONE**

These last few questions are for classification purposes only and will 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. How would you describe the area in which you live? Would you say...(READ LIST.)

01 Rural,

02 Urban, or

03 Suburban?

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](http://www.sleepfoundation.org).

**RECORD NAME AND CONFIRM PHONE NUMBER FOR SUPERVISOR VERIFICATION**