



MARKET RESEARCH

Job #07-139

September 2007

NATIONAL SLEEP FOUNDATION
2008 SLEEP IN AMERICA POLL
SCREENING QUESTIONNAIRE

ASK TO SPEAK TO MALE/FEMALE HEAD OF HOUSEHOLD / NAME ON LIST.

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 people in America. This is not a sales call; it is a national research survey. Your responses will be kept strictly confidential. This call may be monitored for quality assurance purposes. (IF ASKED READ: This survey will take approximately 15-20 minutes of your time, depending on your responses.)

S1. Are you at least 18 years of age? (DO NOT READ LIST.)

- 01 Yes
02 No -> ASK TO SPEAK TO SOMEONE IN HOUSEHOLD 18 OR OLDER
98 DO NOT READ: Refused -> THANK AND TERMINATE

S2. What has been your employment status over the past month? Were you primarily...(READ LIST. ACCEPT ONLY ONE RESPONSE.)

- 01 Working more than one job, -> CONTINUE
02 Working full-time, -> CONTINUE
03 Working part-time, -> CONTINUE
04 Or do you currently not work for pay? -> ASK TO SPEAK TO WORKING MEMBER OF HOUSEHOLD
96 DO NOT READ: No working member of household -> THANK AND TERMINATE
98 DO NOT READ: Refused -> THANK AND TERMINATE
99 DO NOT READ: Don't know -> THANK AND TERMINATE

S3. On average, how many total hours per week do you work at a job for which you are paid? (RECORD NUMBER OF HOURS AS A TWO DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES. RECORD 98 FOR REFUSED, 99 FOR DON'T KNOW AND 00 FOR NONE.)

_____ hours

RESPONDENT MUST WORK AT LEAST 30 HOURS A WEEK TO CONTINUE.

D9. RECORD, DO NOT ASK: Gender

- 01 Male
02 Female

S4. **RECORD FROM SAMPLE:** Region

- 01 Northeast (1) → **QUOTA (n=190)**
- 02 Midwest (2) → **QUOTA (n=240)**
- 03 South (3) → **QUOTA (n=360)**
- 04 West (4) → **QUOTA (n=210)**

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

**2008 SLEEP IN AMERICA POLL
 MAIN QUESTIONNAIRE**

ASK EVERYONE

As I mentioned earlier, this survey is about sleep habits among people in America. 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 a weekday? **(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. On a typical work day, what time do you usually start your **(IF S2=01: first) job? (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 |

3. On a typical work day, what time do you usually end your (IF S2=01: last) job? (DO NOT READ LIST.)

- | | | | |
|----|---------------------------|----|---------------------|
| 01 | 12:00 AM (Midnight) | 17 | 7:30 PM – 7:59 PM |
| 02 | 12:01 AM – 12:59 AM | 18 | 8:00 PM – 8:29 PM |
| 03 | 1:00 AM – 1:59 AM | 19 | 8:30 PM – 8:59 PM |
| 04 | 2:00 AM – 5:00 AM | 20 | 9:00 PM – 9:29 PM |
| 05 | 5:01 AM – 8:59 AM | 21 | 9:30 PM – 9:59 PM |
| 06 | 9:00 AM – 11:59 AM | 22 | 10:00 PM – 10:29 PM |
| 07 | 12:00 PM (Noon) – 2:59 PM | 23 | 10:30 PM – 10:59 PM |
| 08 | 3:00 PM – 3:29 PM | 24 | 11:00 PM – 11:29 PM |
| 09 | 3:30 PM – 3:59 PM | 25 | 11:30 PM – 11:59 PM |
| 10 | 4:00 PM – 4:29 PM | 98 | Refused |
| 11 | 4:30 PM – 4:59 PM | 99 | Don't know |
| 12 | 5:00 PM – 5:29 PM | | |
| 13 | 5:30 PM – 5:59 PM | | |
| 14 | 6:00 PM – 6:29 PM | | |
| 15 | 6:30 PM – 6:59 PM | | |
| 16 | 7:00 PM – 7:29 PM | | |

4. At what time do you usually go to bed on nights before workdays or weekdays? (DO NOT READ LIST. INTERVIEWER NOTE: "NIGHT" DOES NOT HAVE TO BE PM HOURS.)

- | | | | |
|----|---------------------------|----|---------------------|
| 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 | | |

5. 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 |

6. At what time do you usually go to bed on nights you do not work the next day or weekends? **(DO NOT READ LIST. INTERVIEWER NOTE: "NIGHT" DOES NOT HAVE TO BE PM HOURS.)**

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		

7. 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. INTERVIEWER NOTE: RESPONDENT MIGHT NOT SLEEP AT "NIGHT," BUT HOW LONG IN A 24 HOUR PERIOD?)**

Hours: _____
Minutes: _____

8. 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. INTERVIEWER NOTE: RESPONDENT MIGHT NOT SLEEP AT "NIGHT," BUT HOW LONG IN A 24 HOUR PERIOD?)**

Hours: _____
Minutes: _____

9. During the past month, how many times did you take a nap? **(RECORD NUMBER OF NAPS AS A TWO DIGIT NUMBER. DO NOT ACCEPT RANGES. RECORD 98 FOR REFUSED, 99 FOR DON'T KNOW.)**

_____ naps

IF HAVE NAPPED (Q9≥01), ASK Q10. OTHERWISE SKIP TO Q11.

10. On average, how long do you nap? **(RECORD NUMBER OF MINUTES AS A THREE DIGIT NUMBER. DO NOT ACCEPT RANGES. RECORD 998 FOR REFUSED, 999 FOR DON'T KNOW.)**

_____ minutes

ASK EVERYONE:

11. Do you primarily work from home or outside the home? **(DO NOT READ LIST.)**

- 01 Work from home
- 02 Outside the home
- 96 Equal time both at home and outside home
- 98 Refused
- 99 Don't know

12. How many days a week do you work? **(RECORD NUMBER OF DAYS AS A ONE DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES. RECORD 8 FOR REFUSED, 9 FOR DON'T KNOW.)**

_____ days

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

_____ (OCCUPATION)

_____ (TYPE OF COMPANY)

IF Q11(01), SKIP TO Q15. OTHERWISE, ASK Q14:

14. On a typical day, what is your total daily commute time to and from all jobs? **(DO NOT READ LIST. PROBE FOR BEST ESTIMATE.)**

- | | | | |
|----|--|----|--|
| 01 | Less than 15 minutes | 09 | 2 hours to less than 2 hours 15 minutes |
| 02 | 15 to less than 30 minutes | 10 | 2 hours 15 minutes to less than 2 hours 30 minutes |
| 03 | 30 to less than 45 minutes | 11 | 2 hours 30 minutes to less than 2 hours 45 minutes |
| 04 | 45 minutes to less than 1 hour | 12 | 2 hours 45 minutes to less than 3 hours |
| 05 | 1 hour to less than 1 hour 15 minutes | 13 | 3 hours or more |
| 06 | 1 hour 15 minutes to less than 1 hour 30 minutes | 98 | Refused |
| 07 | 1 hour 30 minutes to less than 1 hour 45 minutes | 99 | Don't know |
| 08 | 1 hour 45 minutes to less than 2 hours | | |

ASK EVERYONE:

15. In an average week, how many hours do you spend at home doing work-related activities (IF Q11(01 or 96), READ: outside of regular working hours)? **(DO NOT READ LIST.)**

- | | | | |
|----|---|----|--------------------------|
| 01 | None | 09 | 7 to less than 8 hours |
| 02 | Less than one hour (not including none) | 10 | 8 to less than 9 hours |
| 03 | 1 to less than 2 hours | 11 | 9 to less than 10 hours |
| 04 | 2 to less than 3 hours | 12 | 10 to less than 11 hours |
| 05 | 3 to less than 4 hours | 13 | 11 to less than 12 hours |
| 06 | 4 to less than 5 hours | 14 | 12 hours or more |
| 07 | 5 to less than 6 hours | 98 | Refused |
| 08 | 6 to less than 7 hours | 99 | Don't know |

16. **OMITTED.**

17. 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 **[INSERT]** 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. OMITTED.	05	04	03	02	01	98	99
c. OMITTED.	05	04	03	02	01	98	99
d. OMITTED.	05	04	03	02	01	98	99
e. OMITTED.	05	04	03	02	01	98	99
f. OMITTED.	05	04	03	02	01	98	99
g. OMITTED.	05	04	03	02	01	98	99
h. OMITTED.	05	04	03	02	01	98	99
i. OMITTED.	05	04	03	02	01	98	99
j. OMITTED.	05	04	03	02	01	98	99
k. OMITTED.	05	04	03	02	01	98	99

18. How often **[INSERT]** in the past month? Would you say every night or almost every night, a few nights a week, a few nights a month, rarely or never? **(RANDOMIZE.)**

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

IF HAVE DIFFICULTY FALLING ASLEEP (Q18a=03-05), ASK Q19. OTHERWISE SKIP TO Q20.

19. **OMITTED.**

ASK EVERYONE:

20. 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

20A. **OMITTED.**

21. On how many nights would 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

22. In the past month, how often did you 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? 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

IF Q22 (02-05), ASK Q23. OTHERWISE SKIP TO Q24.

23. 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:

24. Have you ever been told by a doctor that you have any of the following sleep problems? **(READ LIST. RANDOMIZE. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Sleep apnea,
- 02 Restless legs syndrome,
- 03 Insomnia,
- 04 Shift work disorder,

- 95 Or something else? **(SPECIFY:)**_____

- 96 **DO NOT READ:** None
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

IF MENTIONED IN Q24, ASK Q24A. OTHERWISE, SKIP TO Q25.

24A. Are you currently being treated for...? **(READ LIST. RANDOMIZE IN SAME ORDER AS Q24.)**

	Yes	No	Refused	Don't know
a. Sleep apnea	01	02	98	99
b. Restless legs syndrome	01	02	98	99
c. Insomnia	01	02	98	99
d. Shift work disorder	01	02	98	99

ASK EVERYONE:

25. How frequently do you use the following specifically to help you sleep? Would you say you use **[INSERT]** every night or almost every night, a few nights a week, a few nights a month, rarely or never? **(RANDOMIZE.)**

	Every night or almost every night	A few nights 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. Relaxation techniques	05	04	03	02	01	98	99
d. Alternative therapy, such as acupuncture or herbal supplements such as Melatonin or Valerian	05	04	03	02	01	98	99
e. Alcohol, beer or wine	05	04	03	02	01	98	99
f. OMITTED.	05	04	03	02	01	98	99

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

(RECORD HEIGHT)

27. What is your weight without shoes? **(RECORD WEIGHT IN POUNDS AS A THREE DIGIT NUMBER BELOW. DO NOT ACCEPT RANGES.)**

(RECORD WEIGHT)

COMPUTER WILL CALCULATE BMI (BODY MASS INDEX)

28. Are you currently being treated for...? **(READ LIST. RANDOMIZE.)**

	Yes	No	Refused	Don't know
a. Heart disease	01	02	98	99
b. High blood pressure	01	02	98	99
c. Diabetes	01	02	98	99
d. Heartburn or GERD	01	02	98	99
e. Arthritis	01	02	98	99
f. Depression	01	02	98	99
g. An anxiety disorder such as panic disorder or post traumatic stress disorder	01	02	98	99

29. 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 AS TWO DIGIT 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: _____

30. How likely are you to doze off or fall asleep while doing the following activities, in contrast to just feeling tired? Would you say you have no chance of dozing, a slight chance of dozing, a moderate chance of dozing, or a high chance of dozing while [INSERT]? **(RANDOMIZE. ALWAYS ASK A&B AS FIRST TWO ATTRIBUTES.)**

		No chance	Slight chance	Moderate chance	High chance	Refused	Don't know
a.	Sitting and reading	01	02	03	04	98	99
b.	Watching TV	01	02	03	04	98	99
c.	Sitting inactive in a public place such as a theater or meeting	01	02	03	04	98	99
d.	In a car, while stopped in traffic	01	02	03	04	98	99
e.	Riding as a passenger in a car for an hour without a break	01	02	03	04	98	99
f.	Sitting and talking to someone	01	02	03	04	98	99
g.	Sitting quietly after a lunch without alcohol	01	02	03	04	98	99
h.	Lying down to rest in the afternoon	01	02	03	04	98	99

31. How often does sleepiness interfere 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

32. **How many hours of sleep do** you need to function at your best during the day? **(DO NOT READ LIST.)**

01	Less than 3 hours	09	10 to less than 11 hours
02	3 to less than 4 hours	10	11 to less than 12 hours
03	4 to less than 5 hours	11	12 to less than 13 hours
04	5 to less than 6 hours	12	13 to less than 14 hours
05	6 to less than 7 hours	13	14 hours or more
06	7 to less than 8 hours	98	Refused
07	8 to less than 9 hours	99	Don't know
08	9 to less than 10 hours		

33. How likely are you to do each of the following to help you get through the day when you are sleepy? Would you say that you are very likely, somewhat likely or not likely to [INSERT]? (READ LIST. RANDOMIZE.)

	Very Likely	Somewhat Likely	Not Likely	Refused	Don't Know
a. Take a nap	03	02	01	98	99
b. Use alerting medication, prescription or over-the-counter drugs	03	02	01	98	99
c. Accept it and keep going	03	02	01	98	99
d. Go to bed early that night	03	02	01	98	99
e. Make up for it by getting more sleep on the weekend	03	02	01	98	99
f. Use caffeinated beverages such as coffee, soda or tea	03	02	01	98	99
g. Eat foods that are high in sugar or carbohydrates	03	02	01	98	99
h. Exercise	03	02	01	98	99

34. In the past year, how often have you driven a car or motor vehicle while feeling drowsy? Would you say you have driven drowsy... (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? → DO NOT ASK Q37
- 96 DO NOT READ: Don't drive/Don't have a license → SKIP TO Q38
 98 DO NOT READ: Refused
 99 DO NOT READ: Don't know

IF DRIVE (Q34≠96), ASK Q35.

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

- 01 Yes → ASK Q36
 02 No → SKIP TO Q37
 96 Don't drive/Don't have a license → SKIP TO Q38
 98 Refused → SKIP TO Q37
 99 Don't know → SKIP TO Q37

IF HAVE NODDED OFF/FALLEN ASLEEP WHILE DRIVING [Q35(01)], ASK Q36.

36. 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
 02 No
 98 Refused
 99 Don't know

IF DRIVE AND HAVE EVER DRIVEN DROWSY IN PAST YEAR (Q34≠01,96), ASK Q37.

37. How often in the past year have you driven drowsy [INSERT]? Would you say...? (RANDOMIZE. READ LIST.)

	3 or more times a week	1 or 2 times a week	1 or 2 times a month	Less than once a month	Never	Not Applicable	Refused	Don't Know
a. Going to or from work	05	04	03	02	01	96	98	99
b. OMITTED.	05	04	03	02	01	96	98	99
c. During the work day	05	04	03	02	01	96	98	99
d. While on a business trip	05	04	03	02	01	96	98	99
e. With children in the car	05	04	03	02	01	96	98	99
f. OMITTED.	05	04	03	02	01	96	98	99
g. OMITTED.	05	04	03	02	01	96	98	99

ASK EVERYONE:

READ: Now I'd like to ask you a few questions about your job.

38. OMITTED.

39. Thinking about the past month, how many days [INSERT] because of sleepiness or a sleep problem? (DO NOT READ LIST.)

	None	1 day	2-3 days	4-5 days	6-10 days	More than 10 days	Refused	Don't know
a. Were you late to work	01	02	03	04	05	06	98	99
b. Did you not go to work	01	02	03	04	05	06	98	99
c. Did you leave work early	01	02	03	04	05	06	98	99
d. Did you fall asleep or become very sleepy while at work	01	02	03	04	05	06	98	99

40. Does your current work schedule allow you to get enough sleep? (DO NOT READ LIST.)

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

41. Do you ever nap at work? (DO NOT READ LIST.)

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

42. Does your workplace...? (RANDOMIZE.)

	Yes	No	Refused	Don't Know
a. Allow you to nap during breaks	01	02	98	99
b. Provide a place that can be used for employees to nap	01	02	98	99

IF Q42a(02 or 99), ASK Q43:

43. Would you take a nap at work if your employer allowed it? (DO NOT READ LIST.)

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

ASK EVERYONE:

44. At work during the past month, how frequently did you [INSERT]? Would you say every day or almost every day, a few days a week, a few days a month, rarely or never? (RANDOMIZE.)

	Every day or almost every day	A few days a week	A few days a month	Rarely	Never	Refused	Don't know
a. Find it difficult to concentrate	05	04	03	02	01	98	99
b. Have trouble organizing work	05	04	03	02	01	98	99
c. Become impatient with others	05	04	03	02	01	98	99
d. Avoid interactions with others	05	04	03	02	01	98	99
e. Become bored at work	05	04	03	02	01	98	99
f. Have to do a job over due to mistakes	05	04	03	02	01	98	99
g. Notice your productivity was lower than expected	05	04	03	02	01	98	99
h. Fail to finish assigned tasks	05	04	03	02	01	98	99

45. In the past year, how many times have you [INSERT]? (DO NOT READ LIST.)

	None	1 time	2-3 times	4-5 times	6-10 times	More than 10 times	Refused	Don't know
a. Injured yourself or someone else at work	01	02	03	04	05	06	98	99
b. OMITTED.	01	02	03	04	05	06	98	99
c. Had a serious incident or accident at work	01	02	03	04	05	06	98	99
d. OMITTED.	01	02	03	04	05	06	98	99

46. 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

47. 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. CLARIFY "NO" RESPONSE.**)

- 01 Yes
- 02 No
- 96 No intimate or sexual relationship
- 98 Refused
- 99 Don't know

DEMOGRAPHICS – ASK EVERYONE

READ: These last few questions are for classification purposes only and will also 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. What is your marital status? Are you...(READ LIST.)

- 01 Married or partnered,
- 02 Single,
- 03 Living with someone,
- 04 Divorced,
- 05 Separated, or
- 06 Widowed?
- 98 **DO NOT READ:** Refused

- D4. Are there any children in your household: **(READ LIST.)**
- | | <u>YES</u> | <u>NO</u> | <u>REFUSED</u> | |
|------------------------------------|------------|-----------|----------------|--------------------|
| a. Under 18 years of age? | 01 | 02 | 98 | SKIP TO QD5 |
| b. Between 13 and 17 years of age? | 01 | 02 | 98 | |
| c. Between 6 and 12 years of age? | 01 | 02 | 98 | |
| d. Between 2 and 5 years of age? | 01 | 02 | 98 | |
| e. Under 2 years of age? | 01 | 02 | 98 | |
- D5. In general, how would you rate your **current** overall health? **(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
- D6. What is the highest level of school that you have completed? **(DO NOT READ LIST.)**
- 01 8th grade or less
02 Some high school
03 Graduated high school
04 Vocational/Tech school
05 Some college
06 Graduated college
07 Advanced degree
98 Refused
- D7. Is your household a dual income or single income household? **(DO NOT READ LIST.)**
- 01 Dual income
02 Single income
98 Refused
99 Don't know
- D8. Please stop me when I read the category that includes your total annual household income. **(READ LIST.)**
- 01 Under \$15,000
02 \$15,000 - \$25,000
03 \$25,001 - \$35,000
04 \$35,001 - \$50,000
05 \$50,001 - \$75,000
06 \$75,001 - \$100,000
07 More than \$100,000
98 **DO NOT READ:** Refused

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.