

**NATIONAL SLEEP FOUNDATION
 2010 SLEEP IN AMERICA POLL: SLEEP & ETHNICITY
 SCREENING QUESTIONNAIRE**

IF NAMED SAMPLE: May I please speak with <INSERT NAME FROM SAMPLE>?

IF NO NAME IN SAMPLE: May I please speak with a head of household?

Hello, my name is ____ with WB&A, a national public opinion company. 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 study. Your responses will be kept strictly confidential. This call may be monitored or recorded for quality assurance purposes.

(ONLY IF ASKED, READ: This survey will take approximately 15 minutes of your time, depending on your responses.)

OPTIONAL CUSTOMIZATION FOR TIER 3-4 INTERVIEWERS ONLY:

<u>MUST SAY:</u>	<u>CAN SAY:</u>	<u>CAN'T SAY:</u>
<ul style="list-style-type: none"> ▪ Name ▪ With WB&A Market Research ▪ Conducting a survey/research study ▪ Call may be monitored or recorded for quality control purposes 	<ul style="list-style-type: none"> ▪ <u>Client</u> – National Sleep Foundation ▪ <u>Topic</u> – Learn about your sleep habits and how they affect your daily activities ▪ <u>Got name/number</u> – Randomly generated phone numbers based on census regions across the United States ▪ <u>Length</u> – 15 minutes, on average (depending on answers) ▪ Not selling anything 	<ul style="list-style-type: none"> ▪ Background of why we're doing it (beyond "topic" mentioned in intro) ▪ Theme of Poll

NOTE: You can use any words you choose to make these points, but you must be appropriate and professional (as determined by monitoring supervisor)

READ: First, I have just a few questions to ask to make sure we speak to a variety of people all over the United States.

S1. Please stop me when I reach the category which includes your age. **(READ LIST.)**

- 01 Under 18, → GO TO S1A
- 02 18 to 24, → GO TO S1A
- 03 25 to 30, → SKIP TO S2
- 04 31 to 40, → SKIP TO S2
- 05 41 to 50, → SKIP TO S2
- 06 51 to 60, or → SKIP TO S2
- 07 61 or older? → GO TO S1A
- 98 **DO NOT READ:** Refused → GO TO S1A

IF NOT IN AGE RANGE [S1(01-02,07,98)], ASK S1A.

S1A. For this particular study, we are interested in speaking with adults between the ages of 25 and 60. Is there anyone else in your household we could speak to that falls in this age range?

- 01 Yes → RETURN TO INTRO
- 02 No → SKIP TO CLOSE 1 & THANK AND TERMINATE
- 98 Refused → SKIP TO CLOSE 1 & THANK AND TERMINATE

ASK EVERYONE.

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,
- 02 Working full-time,
- 03 Working part-time, or
- 04 Do you currently not work for pay?

- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

S3. Do you consider yourself to be Hispanic or Latino?

- 01 Yes → CONTINUE AS HISPANIC (QUOTA = 250)
- 02 No
- 98 Refused
- 99 Don't know

S4. Would you consider yourself to be White/Caucasian, Black/African-American, Asian or of some other racial or ethnic background? **(DO NOT READ LIST. ACCEPT ONE RESPONSE ONLY.)**

- 01 White/Caucasian → CONTINUE AS WHITE (QUOTA = 250)
- 02 Black/African-American → CONTINUE AS BLACK (QUOTA = 250)
- 03 Asian → CONTINUE AS ASIAN (QUOTA = 250)

- 04 Alaska Native
- 05 American Indian
- 06 Native Hawaiian
- 07 Other Pacific Islander → IF HISPANIC [S3(01)], CONTINUE. OTHERWISE, CONTINUE THROUGH S8 & THEN THANK AND TERMINATE.

- 08 Bi-racial or multi-racial

- 98 Refused
- 99 Don't know

IF OVERQUOTA IN S3 OR S4, CONTINUE THROUGH S8 AND THEN READ OVERQUOTA CLOSE.

S5. What state do you live in? **(RECORD AS 2 DIGIT NUMBER FROM CHEAT SHEET. PROGRAMMING NOTE: STATE WILL DETERMINE REGION.)**

PROGRAMMING NOTE: TRACK VARIABLE BUT DO NOT SET QUOTAS BY REGION.

S6. And, what is the zip code of your primary residence? **(RECORD AS 5 DIGIT NUMBER. USE 99998 FOR REFUSED AND 99999 FOR DON'T KNOW.)**

S7. 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

S8. **RECORD, DO NOT ASK:** Gender

- 01 Male
- 02 Female

IF CELL PHONE SAMPLE, READ: We understand that many people use their cell phone as their primary phone. If at any point during this interview you are unable to continue, please let me know, and I will be happy to schedule a time to call you back or call you back at a different phone number.

IF OVERQUOTA, READ: Unfortunately, we have already spoken to a number of people who share similar characteristics, so those are all the questions I have for you this evening/afternoon. Thank you very much for your time.

CLOSE 1: Those are all the questions I have for you this evening/afternoon. Thank you very much for your time.

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

**2010 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.

Q1. 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

Q2. 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)	13	9:45 PM – 9:59 PM
02	12:01 AM – 12:59 AM	14	10:00 PM – 10:14 PM
03	1:00 AM – 1:59 AM	15	10:15 PM – 10:29 PM
04	2:00 AM – 5:00 AM	16	10:30 PM – 10:44 PM
05	5:01 AM – 8:59 AM	17	10:45 PM – 10:59 PM
06	9:00 AM – 11:59 AM	18	11:00 PM – 11:14 PM
07	12:00 PM (Noon) – 6:59 PM	19	11:15 PM – 11:29 PM
08	7:00 PM – 7:59 PM	20	11:30 PM – 11:44 PM
09	8:00 PM – 8:59 PM	21	11:45 PM – 11:59 PM
10	9:00 PM – 9:14 PM	98	Refused
11	9:15 PM – 9:29 PM	99	Don't know
12	9:30 PM – 9:44 PM		

Q3. 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 |

Q4. 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) | 13 | 9:45 PM – 9:59 PM |
| 02 | 12:01 AM – 12:59 AM | 14 | 10:00 PM – 10:14 PM |
| 03 | 1:00 AM – 1:59 AM | 15 | 10:15 PM – 10:29 PM |
| 04 | 2:00 AM – 5:00 AM | 16 | 10:30 PM – 10:44 PM |
| 05 | 5:01 AM – 8:59 AM | 17 | 10:45 PM – 10:59 PM |
| 06 | 9:00 AM – 11:59 AM | 18 | 11:00 PM – 11:14 PM |
| 07 | 12:00 PM (Noon) – 6:59 PM | 19 | 11:15 PM – 11:29 PM |
| 08 | 7:00 PM – 7:59 PM | 20 | 11:30 PM – 11:44 PM |
| 09 | 8:00 PM – 8:59 PM | 21 | 11:45 PM – 11:59 PM |
| 10 | 9:00 PM – 9:14 PM | 98 | Refused |
| 11 | 9:15 PM – 9:29 PM | 99 | Don't know |
| 12 | 9:30 PM – 9:44 PM | | |

Q5. 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: _____

Q6. 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: _____

Q7. 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 | | |

Q8. **OMITTED**

Q9. **OMITTED**

Q10. 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 |

SLEEP HABITS

Q11. 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? **(RANDOMIZE.)**

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Not Applicable	Refused	Don't know
a. IF S2(01-03): Did work relating to your job	05	04	03	02	01	96	98	99
b. Watched TV	05	04	03	02	01	96	98	99
c. Listened to the radio or music	05	04	03	02	01	96	98	99
d. Were on the computer or Internet	05	04	03	02	01	96	98	99
e. Read	05	04	03	02	01	96	98	99
f. Had sex	05	04	03	02	01	96	98	99
g. Exercised	05	04	03	02	01	96	98	99
h. Did activities with friends or family	05	04	03	02	01	96	98	99
i. Drank an alcoholic beverage	05	04	03	02	01	96	98	99
j. OMITTED	05	04	03	02	01	96	98	99
k. Completed household chores	05	04	03	02	01	96	98	99
l. Prayed or done another religious practice	05	04	03	02	01	96	98	99

Q12. Most nights, do you sleep...? **(READ LIST. MULTIPLE RESPONSES ACCEPTED)**

- 01 Alone,
- 02 With your significant other,
- 03 With an infant,
- 04 With your children,
- 05 With a pet, or
- 95 With someone or something else? **(SPECIFY:)** _____
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

Q12A. **OMITTED**

COPING

Q13. **OMITTED**

DAYTIME EFFECTS

Q14. Does your current work schedule or typical weekday routine, including your duties at home, allow you to get enough sleep? **(DO NOT READ LIST.)**

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

Q15. Using a scale of 1 to 5, where a 1 means no impact and a 5 means severe impact, how severely does not getting enough sleep impact your **[INSERT]**? **(RANDOMIZE.)**

	Severe impact				No impact	Not applicable	Refused	Don't know
a. IF S2(01-03): job performance	05	04	03	02	01		98	99
b. ability to carry out household duties	05	04	03	02	01		98	99
c. relationship with family or friends	05	04	03	02	01	97	98	99
d. ability to care for your family	05	04	03	02	01	97	98	99
e. ability to do everyday activities	05	04	03	02	01		98	99

ASK Q16 IF EMPLOYED [S2(01-03)]. OTHERWISE SKIP TO Q17.

Q16. **OMITTED**

GENERAL HEALTH

ASK EVERYONE.

Q17. In general, how would you rate your current overall health? Would you say...? **(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

Q18. **OMITTED**

Q19. What is your height without shoes? **(RECORD HEIGHT IN FEET AND INCHES.)**

(RECORD HEIGHT)

Q20. 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)

ACCESS TO HEALTHCARE

Q21. Have you ever discussed sleep issues with a healthcare professional?

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

Q22. Has a doctor ever asked you about your sleep?

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

Q23. 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 Narcolepsy,
- 05 Circadian **[SIR-CADE-EE-AN]** Rhythm Disorder, or
- 95 Something else? **(SPECIFY:)** _____
- 96 **DO NOT READ:** None
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

ATTITUDES TOWARD SLEEP

- Q24. **OMITTED**
- Q25. **OMITTED**

SLEEP KNOWLEDGE

Q26. 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 STATEMENT. RANDOMIZE.)**

	Completely Agree	Mostly Agree	Mostly Disagree	Completely Disagree	Refused	Don't know
a. If you do not get enough sleep, it can affect your performance at work or your duties at home.	04	03	02	01	98	99
b. Insufficient or poor sleep is associated with health problems.	04	03	02	01	98	99

- Q27. **OMITTED**
- Q28. When you have sleep problems, what do you typically do? Do you...? **(READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Assume it will go away in time,
- 02 Use an over-the-counter sleep aid,
- 03 Use a prescription sleep aid,
- 04 Talk to your doctor,
- 05 Look for sleep information on the Internet or another source,
- 06 Get recommendations from family or friends, or
- 95 Something else? **(SPECIFY:)** _____
- 96 **DO NOT READ:** Nothing
- 97 **DO NOT READ:** Never have sleep problems
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

Q29. 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. Behavioral methods such as getting out of bed if you can't fall asleep or trying not to worry about your sleep	05	04	03	02	01	98	99

PSYCHOGRAPHICS/IMPACT OF CURRENT EVENTS

Q30. I'm going to read you a list of topics or events. Using the same scale as the last question, please tell me how often each topic or event has disturbed your sleep or kept you up at night in the past month.

The first/next one is **[INSERT]. (RANDOMIZE.)**

IF NEEDED, READ: Would you say this topic or event has disturbed your sleep or kept you up at night every night or almost every night, a few nights a week, a few nights a month, rarely or never in the past month?

	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. Employment concerns	05	04	03	02	01	98	99
b. Concerns about personal relationships	05	04	03	02	01	98	99
c. Personal financial concerns, such as mortgage or rent, food or gas	05	04	03	02	01	98	99
d. Health-related concerns	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

QUALITY OF LIFE

Q31. **OMITTED**

Q32. How many days within the past month 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

Q33. 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

READ TO EVERYONE: These last few questions are for classification purposes only and will be kept strictly confidential.

D1. What is your age? _____ **ENTER AGE AS 3 DIGITS (EX: AGE = 32, ENTER AS 032. RECORD 998 FOR REFUSED.)**

D2. What is the highest level of school or education 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

IF EMPLOYED [S2(01-03)], ASK D3. OTHERWISE, SKIP TO D4.

D3. Thinking about the past month, which of the following best describes your work schedule for your main job? Would you say that you worked...? **(READ LIST. INTERVIEWER NOTE: IF MENTION FLEX HOURS, ASK IF TYPICALLY WORK A REGULAR SCHEDULE OR ANOTHER SHIFT.)**

- 01 A regular schedule, **(IF NEEDED, READ:** Anytime between 9 AM and 5 PM)
- 02 An evening shift, **(IF NEEDED, READ:** Anytime between 2 PM and midnight)
- 03 A night shift, **(IF NEEDED, READ:** Anytime between 9 PM to 8 AM)
- 04 A rotating shift, **(IF NEEDED, READ:** One that changes periodically from days to evenings)
- 05 A split shift, **(IF NEEDED, READ:** One consisting of two distinct periods each day)
- 06 An irregular schedule, or
- 07 Some other shift?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

ASK EVERYONE:

D4. Including yourself, how many people currently live in your household? **(RECORD NUMBER OF PEOPLE AS A TWO DIGIT NUMBER BELOW. RECORD 98 FOR REFUSED, 99 FOR DON'T KNOW.)**

_____ people

D5. How many *children under the age of 18* live in your household? **(RECORD NUMBER OF CHILDREN AS A TWO DIGIT NUMBER BELOW. RECORD 98 FOR REFUSED, 99 FOR DON'T KNOW.)**

_____ children

D6. Not including yourself, how many people *age 18 or older* live in your household? **(RECORD NUMBER OF ADULTS AS A TWO DIGIT NUMBER BELOW. RECORD 98 FOR REFUSED, 99 FOR DON'T KNOW.)**

_____ adults

PROGRAMMING NOTE: UNLESS 98 OR 99 IS USED, D5+D6 SHOULD EQUAL D4-1. IF NOT, RETURN TO D5.

D7. 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

D8. **OMITTED**

D9. **OMITTED**

CLOSE

Those are all the questions I have. On behalf of the National Sleep Foundation, we would like to thank you very much for your time and opinions. 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.