



**NATIONAL SLEEP FOUNDATION
2013 SLEEP IN AMERICA POLL: PHYSICAL ACTIVITY AND SLEEP SCREENING
QUESTIONNAIRE**

DISPLAY NAME OF MARKET WITH PHONE NUMBER TO DIAL.

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?

INTERVIEWER NOTE: If the respondent doesn't understand the term "head of household," you may explain that it is the man or woman of the house. You may also speak with any adult between 23 and 60 years old even if they are not a head of the 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 the annual Sleep in America poll**, 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.**

INSIDE HOVER BOX OVER NATIONAL SLEEP FOUNDATION: The National Sleep Foundation conducts polls throughout the year to compare the sleep habits, attitudes and bedtime routines of people living in the United States, as well as other topics related to sleep. You may have heard of results from prior polls mentioned on the news.

(ONLY IF ASKED, READ: This survey will take approximately 20 minutes of your time, depending on your responses.)

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

S1. What is your age? _____ **(98=REFUSED AND 00-22 AND 61-97 THANK AND TERMINATE. 23-60 CONTINUE. TRACK RANGES 23-29; 30-39, 40-49, 50-60)**

SEPARATE SCREEN BEFORE TERMINATE DO NOT READ SCREEN:

S1A. SELECT THE PROPER DISPOSITION

- 01 There is no one between 23-60 years in the household
- 02 The respondent refused household information

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

- 01 Working full-time or part-time,
- 02 A full-time homemaker,
- 03 Not working, retired, or
- 04 Something else?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

S3. **RECORD, DO NOT ASK:** Gender

- 01 Male
- 02 Female

S4. What state do you live in? (**TRACK REGIONS**)

DROP DOWN LIST FOR STATE

**2013 SLEEP IN AMERICA POLL
MAIN QUESTIONNAIRE**

ASK EVERYONE

First, I'd like to ask you some general questions about your sleep. Throughout this survey, please think about your sleep schedule in the past two weeks. Keep in mind, there are no right or wrong answers.

1. At what time do you usually go to bed on nights before workdays or weekdays? This is not necessarily the time you turn off the lights and begin trying to sleep. (**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 | | |

2. Thinking about the past two weeks, at what time do you usually get up and out of bed for good on workdays or weekdays? (**DO NOT READ LIST. INTERVIEWER NOTE: PUNCHES DIFFERENT FROM Q1.**)

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

Thinking about your usual non-workday or weekend in the past two weeks, please answer the following questions.

3. At what time do you usually go to bed on nights you do not work the next day or weekends? This is not necessarily the time you turn off the lights and begin trying to sleep. **(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		

4. Thinking about the past two weeks, at what time do you usually get up and out of bed for good on days you do not work or weekends? **(DO NOT READ LIST. INTERVIEWER NOTE: PUNCHES ARE DIFFERENT FROM Q3.)**

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. On average worknights or weeknights, how many hours, not including naps, do you usually sleep during one night? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. 98=REFUSED; 99=DON'T KNOW. INTERVIEWER NOTE: RESPONDENT MIGHT NOT SLEEP AT "NIGHT," BUT HOW LONG IN A 24 HOUR PERIOD?)**

Hours: _____
 Minutes: _____

6. On average nights you do not work or weekend nights, how many hours, not including naps, do you usually sleep during one night? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. 98=REFUSED; 99=DON'T KNOW. INTERVIEWER NOTE: RESPONDENT MIGHT NOT SLEEP AT "NIGHT," BUT HOW LONG IN A 24 HOUR PERIOD?)**

Hours: _____
 Minutes: _____

7. Thinking about the past two weeks, how many naps did you take on workdays or weekdays? Would you say... **(READ LIST.)**

- 01 Zero or None, → **SKIP TO Q9**
- 02 1 to 2 naps,
- 03 3 to 5 naps,
- 04 6 to 10 naps, or → **CONTINUE**
- 05 More than 10 naps?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know → **SKIP TO Q9**

THOSE WHO TOOK NAPS [Q7 (02-05)], ASK Q8.

8. On average, how many minutes would you say you usually nap on workdays or weekdays? Would you say... **(READ LIST.)**

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

ASK EVERYONE:

9. Thinking about the past two weeks, how many naps did you take on days off or weekends? Would you say... **(READ LIST.)**

- 01 Zero or None, → **SKIP TO Q11**
- 02 1 to 2 naps,
- 03 3 to 5 naps,
- 04 6 to 10 naps, or → **CONTINUE**
- 05 More than 10 naps?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know → **SKIP TO Q11**

THOSE WHO TOOK NAPS [Q9 (02-05)], ASK Q10.

10. On average, how many minutes would you say you usually nap on days off or weekends? Would you say... **(READ LIST.)**

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

ASK EVERYONE:

11. On how many worknights or weeknights would you say “I had a good night’s sleep”? Would you say... **(READ LIST.)**

- 04 Every night,
- 03 Almost every night,
- 02 Rarely, or
- 01 Never?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don’t know

12. On how many nights you do not work or on weekend nights would you say “I had a good night’s sleep”? Would you say... **(READ LIST.)**

- 04 Every night,
- 03 Almost every night,
- 02 Rarely, or
- 01 Never?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don’t know

13. In recent times, how likely are you to doze off or fall asleep while doing the following activities, in contrast to just feeling tired? **(READ LIST.)**

READ FIRST TIME THEN ONLY AS NEEDED: 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? **(ASK IN ORDER. PROGRAMMING NOTE: IF 98/99 TO ANY, SKIP IMMEDIATELY TO Q14.)**

		No chance	Slight chance	Moderate chance	High chance	Refused	Don't know
a.	Sitting and reading	00	01	02	03	98	99
b.	Watching TV	00	01	02	03	98	99
c.	In a car, while stopped for a few minutes in traffic	00	01	02	03	98	99
d.	As a passenger in a car for an hour without a break	00	01	02	03	98	99
e.	Sitting and talking to someone	00	01	02	03	98	99
f.	Sitting quietly after a lunch without alcohol	00	01	02	03	98	99
g.	Lying down to rest in the afternoon when circumstances permit	00	01	02	03	98	99

14. Thinking about the past two weeks, on average how many hours of sleep do you need to function at your best the next day? **(DO NOT READ LIST.)**

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

15. Thinking about the past two weeks, does your current work schedule or typical weekday routine, including your duties at home, allow you to get adequate sleep?

- 01 Yes
- 02 No
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

16. On a typical day, how much of an impact has “not getting adequate sleep” had on your **(INSERT)**?

READ FIRST TIME THEN ONLY AS NEEDED: Would you say it has had a major impact, some impact or no impact? **(RANDOMIZE.)**

	Major impact	Some impact	No impact	Not applicable	Refused	Don't know
a. Work	03	02	01	96	98	99
c. Social life or leisure activities	03	02	01	96	98	99
d. Family life or home responsibilities	03	02	01	96	98	99
e. Mood	03	02	01	96	98	99
f. Intimate or sexual relations	03	02	01	96	98	99

ASK EVERYONE:

17. Thinking about the past two weeks, how many **minutes**, on most worknights or weeknights, 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?
- 96 **DO NOT READ:** Depends/Varies
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

18. How many **minutes**, on most nights you do not work or on weekend 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?
- 96 **DO NOT READ:** Depends/Varies
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

19. In the past two weeks, would you say you **[INSERT]** every night or almost every night, a few nights a week, rarely or never? **(RANDOMIZE. PROGRAMMING NOTE: ASK ITEMS B AND C LAST.)**

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

[MODIFIED STOP BANG]

20. Do you snore loudly? Loudly, meaning louder than talking or loud enough to be heard through a closed door?

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

21. Do you often feel tired, fatigued or sleepy during the day?

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

22. Has anyone observed you stop breathing during your sleep?

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

23. Do you have or are you being treated for high blood pressure?

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

[HEALTH HABITS/HEALTHY BEHAVIORS]

24. How would you rate your overall health? Would you say... **(READ LIST.)**

01 Poor,
 02 Fair,
 03 Good, or
 04 Excellent
 98 **DO NOT READ:** Refused
 99 **DO NOT READ:** Don't know/Not sure

25. Do you now or have you ever smoked cigarettes, cigars or a pipe? **(IF YES, CLARIFY.)**

- 01 Yes, I currently smoke
- 02 Yes, I used to smoke but quit less than 3 years ago
- 03 Yes, I used to smoke but quit 3 or more years ago
- 04 No, I have never smoked
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

26. Do you drink alcoholic beverages?

- 01 Yes → **CONTINUE**
- 02 No → **SKIP TO Q29**
- 98 **DO NOT READ:** Refused → **SKIP TO Q29**
- 99 **DO NOT READ:** Don't know/Not sure → **SKIP TO Q29**

THOSE WHO DRINK ALCOHOLIC BEVERAGES [Q26 (01)] ASK Q27 AND Q28

27. In the last two weeks, how many days have you had an alcoholic beverage? Would you say... **(READ LIST.)**

- 01 Zero days,
- 02 1 to 3 days,
- 03 4 to 6 days,
- 04 7 to 10 days, or
- 05 More than 10 days
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

28. On days you have a drink, how many alcoholic beverages do you normally consume? A single alcoholic beverage is 12 ounces of beer, 6 ounces of wine, or 2 ounces of liquor. Would you say... **(READ LIST.)**

- 01 1 to 2 drinks,
- 02 3 to 5 drinks,
- 03 6 to 9 drinks, or
- 04 10 drinks or more
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

ASK EVERYONE:

29. Thinking about the last two weeks, how many 12 ounce servings of caffeinated beverages, such as soda, soft drinks, coffee, tea, and energy drinks do you drink on an average weekday or workday ... **(READ LIST. RECORD NUMBER FOR EACH BELOW. DO NOT ACCEPT RANGES. 98=REFUSED; 99=DON'T KNOW; 00=NONE; 97=LESS THAN ONE.)**

	# Caffeinated Beverages
a. Between 5:00 AM and noon?	
b. Between noon and 5:00 PM?	
c. Between 5:00 PM and 5:00 AM the next morning?	

30. During the past two weeks, how would you rate your overall sleep quality? Would you say... **(READ LIST.)**

- 01 Very good,
- 02 Fairly good,
- 03 Fairly bad, or
- 04 Very bad
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

31. During the past two weeks, how often have you taken medicine, prescribed or over-the-counter, to help you sleep? Would you say... **(READ LIST.)**

- 01 Never in the past two weeks,
- 02 Less than once a week in the past two weeks,
- 03 Once or twice a week in the past two weeks, or
- 04 Three or more times a week in the past two weeks
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

32. During the past two weeks, how often have you had trouble staying awake while driving, eating meals or engaging in social activity? Would you say... **(READ LIST.)**

- 01 Never in the past two weeks,
- 02 Less than once a week in the past two weeks,
- 03 Once or twice a week in the past two weeks, or
- 04 Three or more times a week in the past two weeks
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

33. During the past two weeks, how much of a problem has it been for you to keep up enough enthusiasm to get things done? Would you say... **(READ LIST.)**

- 01 No problem,
- 02 Only a very slight problem,
- 03 Somewhat of a problem, or
- 04 A very big problem
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

ASK EVERYONE:

[MODIFIED IPAQ]

34. Please think about the activities you do at work, at your house, yard work, getting from place to place, and activities you do in your spare time for recreation, exercise or sport. Think only about those physical activities that you do for at least 10 minutes at a time. In the past 7 days, which of the following phrases best describes your activity level? Would you say you... **(READ ENTIRE LIST. TRACK 01-04.)**

- 01 Participate in vigorous activities which require hard physical effort such as: running, cycling, swimming or competitive sports,
- 02 Participate in moderate physical activities which require more effort than normal such as: yoga, thai chi and weight lifting,
- 03 Participate in light physical activity such as walking, or
- 04 Participate in no physical activity?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

35. In the past 7 days, from 0% meaning completely outdoors to 100% meaning completely indoors, what percentage of the physical activities you do are indoors?

___ % Indoors

- 996 **DO NOT READ:** I do not exercise
- 998 **DO NOT READ:** Refused
- 999 **DO NOT READ:** Don't know/Not sure

IF Q34(02-04): I understand you said you typically **[INSERT RESPONSE FROM Q34]**, but since some days may be different than others please answer the following questions and ...

IF Q34 (01,98,99): Please... think about all the **vigorous** activities which take **hard physical effort** that you did in the past 7 days. Vigorous activities make you breathe much harder than normal and may include running, cycling, swimming and competitive sports. Please think only about those physical activities that you do for at least 10 minutes at a time.

36. How much time per day did you spend doing **vigorous** physical activities in the past 7 days?
[IF NEEDED: Think only about those physical activities that you do for at least 10 minutes at a time. Your best estimate is fine. **DO NOT ACCEPT RANGES.]**

___ Hours per day [Range: 00-24]
___ Minutes per day [Range: 00-59]

- 98 **DO NOT READ:** Refused **→ SKIP TO Q38**
- 99 **DO NOT READ:** Don't know/Not sure **→ SKIP TO Q38**

THOSE PARTICIPATE IN VIGOROUS PHYSICAL ACTIVITY [Q36(01-24)], ASK Q37

37. What time of day did you do **vigorous** activities? Would you say... **(READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 More than 8 hours before bedtime,
- 02 4 to 8 hours before bedtime, or
- 03 Less than 4 hours before bedtime
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

ASK EVERYONE:

READ IF NECESSARY: IF Q34(01, 03,04): I understand you said you typically [INSERT RESPONSE FROM Q34], but since some days may be different than others please answer the following questions and...

IF Q34 (02,98,99): Please...think about all the **moderate physical effort** activities, which require more effort than normal, which you did in the past 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, yoga, thai chi and weight lifting. Do not include walking. Please think only about those physical activities that you do for at least 10 minutes at a time.

38. How much time per day did you spend doing **moderate** physical activities in the past 7 days?
[IF NEEDED: Think only about those physical activities that you do for at least 10 minutes at a time. Your best estimate is fine. DO NOT ACCEPT RANGES.]

__ __ Hours per day [Range: 00-24]

__ __ Minutes per day [Range: 00-59]

98 **DO NOT READ:** Refused

→ **SKIP TO Q40**

99 **DO NOT READ:** Don't know/Not sure

→ **SKIP TO Q40**

THOSE WHO PARTICIPATE IN MODERATE PHYSICAL ACTIVITY [Q38 (01-24)], ASK Q39

39. What time of day did you do **moderate** activities? Would you say...(READ LIST. MULTIPLE RESPONSES ACCEPTED.)

01 More than 8 hours before bedtime,

02 4 to 8 hours before bedtime, or

03 Less than 4 hours before bedtime?

98 **DO NOT READ:** Refused

99 **DO NOT READ:** Don't know/Not sure

ASK EVERYONE:

READ IF NECESSARY: IF Q34(01,02,04): I understand you said you typically [INSERT RESPONSE FROM Q34], but since some days may be different than others please answer the following questions and...

IF Q34 (03,98,99): Please... think about all the **light** physical activity that you did in the past 7 days. This includes yard work at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure. Please think only about those physical activities that you do for at least 10 minutes at a time.

40. How much time per day did you usually spend doing **light** physical activities, such as walking, in the past 7 days? **[IF NEEDED: Think only about those physical activities that you do for at least 10 minutes at a time. Your best estimate is fine. DO NOT ACCEPT RANGES.]**

__ __ Hours per day [Range: 00-24]

__ __ Minutes per day [Range: 00-59]

98 **DO NOT READ:** Refused

→ **SKIP TO Q42**

99 **DO NOT READ:** Don't know/Not sure

→ **SKIP TO Q42**

THOSE WHO PARTICIPATE IN LIGHT PHYSICAL ACTIVITY [Q40 (01-24)], ASK Q41

41. What time of day did you do **light** physical activities? Would you say...**(READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 More than 8 hours before bedtime,
- 02 4 to 8 hours before bedtime, or
- 03 Less than 4 hours before bedtime?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

ASK EVERYONE:

Now, when answering the following questions please think about all the time you spent **sitting** in the past 7 days. Include time spent at work, at home, while doing course work, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

42. How much time per day did you spend **sitting** in the past 7 days? Your best estimate is fine. **DO NOT ACCEPT RANGES.]**

- __ __ Hours per day [Range: 00-24]
- __ __ Minutes per day [Range: 00-59]
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

43. How much total time per day did you spend **sitting** during each of the following activities in the past 7 days: **(READ LIST. PAUSE FOR RESPONSE BETWEEN ACTIVITIES. DO NOT ACCEPT RANGES.)**

	Hours per day (0-24)	Minutes per day (0-59)	Refused	Don't know
A. Watching television			98	99
B. Using a computer			98	99
C. Reading			98	99
D. Socializing with friends or family			98	99
E. Traveling in motor vehicle or on public transport			98	99
F. Doing hobbies			98	99
G. Something else (SPECIFY)			98	99

44. What time of day did you spend the most time **sitting** in the past 7 days? Would you say...**(READ LIST.)**

- 01 More than 8 hours before bedtime,
- 02 4 to 8 hours before bedtime, or
- 03 Less than 4 hours before bedtime?
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

Now I am going to ask you a series of questions about sleep and exercise. **IF Q34 (04):** I understand you said you did not participate in any physical activity in the past 7 days, but since some days are different than others please answer the following questions.

45. Do you believe that, on the days you exercise your quality of sleep...? **(READ LIST.)**

- 01 Improves
- 02 Worsens, or
- 03 There is no difference in your sleep.
- 96 **DO NOT READ:** I do not exercise
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

46. Do you believe that, on the days after you exercise your length of sleep time...? **(READ LIST.)**

- 01 Improves
- 02 Worsens, or
- 03 There is no difference in your sleep.
- 96 **DO NOT READ:** I do not exercise
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

47. What effect does exercise have on your awakening during the night? Would you say... **(READ LIST.)**

- 01 I spend much more time awake during the night after I exercise,
- 02 I spend a little more time awake during the night,
- 03 Exercise has no effect on how much time I am awake during the night,
- 04 I spend a little less time awake during the night, or
- 05 I spend much less time awake during the night
- 96 **DO NOT READ:** I do not exercise
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

48. Are you more likely to exercise on weekend days, the days you have off or weekdays, the days you work? Would you say you are... **(READ LIST.)**

- 01 Much more likely to exercise on weekends or off days,
- 02 A little more likely to exercise on weekends or off days,
- 03 There is no difference when you are more likely to exercise,
- 04 A little more likely to exercise on weekdays or days you work, or
- 05 Much more likely to exercise on weekdays or days you work
- 96 **DO NOT READ:** I do not exercise
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

49. When you have a night of little sleep or poor sleep, the following day your level of exercise and or physical activity...? **(READ LIST.)**

- 01 Is liable to be much less than usual,
- 02 Is liable to be a little less than usual,
- 03 Is liable to be the same as usual, or
- 04 Is liable to be more than usual
- 96 **DO NOT READ:** I do not exercise
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

50. If you are unable to exercise on a day when you would usually exercise, how is your sleep on that night affected? Would you say... **(READ LIST.)**

- 01 My sleep is much worse,
- 02 My sleep is somewhat worse,
- 03 My sleep is no different,
- 04 My sleep is somewhat better, or
- 05 Sleep is much better
- 96 **DO NOT READ:** I do not exercise
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

51. Now for just this question, please think about the past month. Thinking of the past month, how many times have you driven a car or motor vehicle while feeling drowsy? Would you say you have driven drowsy...**(READ LIST.)**

- 04 3 or more times a week,
- 03 1 to 2 times a week,
- 02 1 to 2 times a month,
- 02 Less than once a month, or
- 01 You have not driven drowsy in the past month?
- 96 **DO NOT READ:** Don't drive/Don't have a license
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

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

DEMOGRAPHICS

52. How tall are you in feet and inches? _____ (Range: 0-8 ft) _____ (Range: 0-11 in.)

52A. What is your weight in pounds? _____

53. What is your marital status? Are you... ? **(READ LIST. ACCEPT ONE RESPONSE ONLY.)**

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

54. What is the highest degree or level of school that you have completed? **(READ LIST IF NECESSARY. ACCEPT ONE RESPONSE ONLY.)**
- 01 Less than a High school diploma
 - 02 GED
 - 03 High school diploma
 - 04 Some college
 - 05 Associate's degree
 - 06 Bachelor's degree
 - 07 Master's degree
 - 08 Professional Degree beyond a Bachelor's degree
 - 09 Doctorate degree
 - 98 **DO NOT READ:** Refused
55. What was your annual household income from all sources?
- 01 Less than \$25,000
 - 02 \$25,000 to less than \$50,000,
 - 03 \$50,000 to less than \$75,000
 - 04 \$75,000 to less than \$100,000
 - 05 \$100,000 or more
 - 98 **DO NOT READ:** Refused
 - 99 **DO NOT READ:** Don't know
56. Do you consider yourself to be Hispanic or Latino?
- 01 Yes
 - 02 No
 - 98 **DO NOT READ:** Refused
 - 99 **DO NOT READ:** Don't know
57. Would you consider yourself to be White/Caucasian, Black/African-American, Asian or of some other racial or ethnic background? **(MULTIPLE RESPONSES ACCEPTED.)**
- 01 White/Caucasian
 - 02 Black/African-American
 - 03 Asian
 - 04 Alaska Native
 - 05 American Indian
 - 06 Native Hawaiian
 - 07 Other Pacific Islander
 - 08 Hispanic/Latino
 - 95 Other **(SPECIFY)**
 - 98 **DO NOT READ:** Refused
 - 99 **DO NOT READ:** Don't know
58. Prior to today's call, have you ever heard of the National Sleep Foundation?
- 01 Yes
 - 02 No
 - 98 **DO NOT READ:** Refused
 - 99 **DO NOT READ:** Don't know

CLOSE

Finally, 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? On behalf of the National Sleep Foundation, we would like to thank you very much for your time and opinions.

IF RESPONDENT ASKS FOR MORE INFORMATION ON THE NATIONAL SLEEP FOUNDATION, SAY:

You may want to look for the poll results during the second week in March. You can go to the National Sleep Foundation's Web site to see how your answers compare to others at www.sleepfoundation.org.

RECORD NAME AND CONFIRM PHONE NUMBER FOR SUPERVISOR VERIFICATION.

This concludes the survey. Thank you, and have a good day/evening.