SLEEP DISORDERS – SLQ
Target Group: 16+

SLQ.010

The next set of questions are about your sleeping habits.

How much sleep {do you/does SP} usually get at night on weekdays or workdays?

INTERVIEWER INSTRUCTION: ENTER HOURS AND MINUTES.

|___|___|
Enter Hours


|___|___|
Enter Minutes

CAPI INSTRUCTION: HARD EDIT: MINUTES MUST EQUAL 0-59.

OR

REFUSED............................................. 777
DON'T KNOW ....................................... 999

SLQ.020

How long does it usually take {you/SP} to fall asleep at bedtime?

INTERVIEWER INSTRUCTION: ENTER HOURS AND MINUTES.

|___|___|
Enter Hours


|___|___|
Enter Minutes

CAPI INSTRUCTION: HARD EDIT: MINUTES MUST EQUAL 0-59.

OR

REFUSED............................................. 777
DON'T KNOW ....................................... 999

SLQ.030

In the past 12 months, how often did {you/SP} snore while {you were/s/he was} sleeping?

Never.................................................... 
Rarely (1-2 nights/week)............................
Occasionally (3-4 nights/week) ..................
Frequently (5 or more nights/week) ...........
REFUSED............................................... 
DON'T KNOW .......................................
SLQ.040  **In the past 12 months**, how often did {you/SP} snort, gasp, or stop breathing while {you were/s/he was} asleep?

- Never .............................................................  0
- Rarely (1-2 nights/week) ................................  1
- Occasionally (3-4 nights/week) ....................  2
- Frequently (5 or more nights/week) ............  3
- REFUSED .....................................................  7
- DON'T KNOW ................................................  9

SLQ.050  {Have you/Has SP} **ever told** a doctor or other health professional that {you have/s/he has} trouble sleeping?

- YES ...............................................................  1
- NO .................................................................  2
- REFUSED .....................................................  7
- DON'T KNOW ...............................................  9

SLQ.060  {Have you/Has SP} **ever been told** by a doctor or other health professional that {you have/s/he has} a sleep disorder?

- YES ...............................................................  1
- NO .................................................................  2 (SLQ.080)
- REFUSED .....................................................  7 (SLQ.080)
- DON'T KNOW ...............................................  9 (SLQ.080)

SLQ.070  **What was the sleep disorder?**

CODE ALL THAT APPLY.

- SLEEP APNEA ..............................................  1
- INSOMNIA ....................................................  2
- RESTLESS LEGS ..........................................  3
- OTHER .........................................................  4
- REFUSED .....................................................  7
- DON'T KNOW ................................................  9
SLQ.080 This next set of questions is about (your/SP’s) sleeping habits in the past month.

In the past month, how often did (you/SP) have trouble falling asleep?

HAND CARD SLQ1

NEVER .......................................................... 0
RARELY – 1 TIME A MONTH .......................... 1
SOMETIMES – 2-4 TIMES A MONTH ............ 2
OFTEN – 5-15 TIMES A MONTH ................... 3
ALMOST ALWAYS – 16-30 TIMES A MONTH ...... 4
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

SLQ.090 [In the past month, how often did (you/SP)] wake up during the night and had trouble getting back to sleep?

HAND CARD SLQ1

NEVER .......................................................... 0
RARELY – 1 TIME A MONTH .......................... 1
SOMETIMES – 2-4 TIMES A MONTH ............ 2
OFTEN – 5-15 TIMES A MONTH ................... 3
ALMOST ALWAYS – 16-30 TIMES A MONTH ...... 4
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

SLQ.100 [In the past month, how often did (you/SP)] wake up too early in the morning and (were/was) unable to get back to sleep?

HAND CARD SLQ1

NEVER .......................................................... 0
RARELY – 1 TIME A MONTH .......................... 1
SOMETIMES – 2-4 TIMES A MONTH ............ 2
OFTEN – 5-15 TIMES A MONTH ................... 3
ALMOST ALWAYS – 16-30 TIMES A MONTH ...... 4
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9
SLQ.110 [In the past month, how often did {you/SP}] feel unrested during the day, no matter how many hours of sleep {you have/s/he has} had?

HAND CARD SLQ1

NEVER ......................................................... 0
RARELY – 1 TIME A MONTH ............................. 1
SOMETIMES – 2-4 TIMES A MONTH ................. 2
OFTEN – 5-15 TIMES A MONTH ....................... 3
ALMOST ALWAYS – 16-30 TIMES A MONTH .......... 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

SLQ.120 [In the past month, how often did {you/SP}] feel excessively or overly sleepy during the day?

HAND CARD SLQ1

NEVER ......................................................... 0
RARELY – 1 TIME A MONTH ............................. 1
SOMETIMES – 2-4 TIMES A MONTH ................. 2
OFTEN – 5-15 TIMES A MONTH ....................... 3
ALMOST ALWAYS – 16-30 TIMES A MONTH .......... 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

SLQ.130 [In the past month, how often did {you/SP}] not get enough sleep?

HAND CARD SLQ1

NEVER ......................................................... 0
RARELY – 1 TIME A MONTH ............................. 1
SOMETIMES – 2-4 TIMES A MONTH ................. 2
OFTEN – 5-15 TIMES A MONTH ....................... 3
ALMOST ALWAYS – 16-30 TIMES A MONTH .......... 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
**SLQ.140** [In the past month, how often did {you/SP}] take sleeping pills or other medication to help {you/him/her} sleep?

HAND CARD SLQ1

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER .................................................</td>
<td>0</td>
</tr>
<tr>
<td>RARELY – 1 TIME A MONTH ..........................</td>
<td>1</td>
</tr>
<tr>
<td>SOMETIMES – 2-4 TIMES A MONTH ....................</td>
<td>2</td>
</tr>
<tr>
<td>OFTEN – 5-15 TIMES A MONTH .......................</td>
<td>3</td>
</tr>
<tr>
<td>ALMOST ALWAYS – 16-30 TIMES A MONTH ............</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED ...............................................</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW ............................................</td>
<td>9</td>
</tr>
</tbody>
</table>

**SLQ.150** [In the past month, how often did {you/SP}] have leg jerks while trying to sleep?

HAND CARD SLQ1

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER .................................................</td>
<td>0</td>
</tr>
<tr>
<td>RARELY – 1 TIME A MONTH ..........................</td>
<td>1</td>
</tr>
<tr>
<td>SOMETIMES – 2-4 TIMES A MONTH ....................</td>
<td>2</td>
</tr>
<tr>
<td>OFTEN – 5-15 TIMES A MONTH .......................</td>
<td>3</td>
</tr>
<tr>
<td>ALMOST ALWAYS – 16-30 TIMES A MONTH ............</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED ...............................................</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW ............................................</td>
<td>9</td>
</tr>
</tbody>
</table>

**SLQ.160** [In the past month, how often did {you/SP}] have leg cramps while trying to sleep?

HAND CARD SLQ1

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER .................................................</td>
<td>0</td>
</tr>
<tr>
<td>RARELY – 1 TIME A MONTH ..........................</td>
<td>1</td>
</tr>
<tr>
<td>SOMETIMES – 2-4 TIMES A MONTH ....................</td>
<td>2</td>
</tr>
<tr>
<td>OFTEN – 5-15 TIMES A MONTH .......................</td>
<td>3</td>
</tr>
<tr>
<td>ALMOST ALWAYS – 16-30 TIMES A MONTH ............</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED ...............................................</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW ............................................</td>
<td>9</td>
</tr>
</tbody>
</table>
The purpose of this next set of questions is to find out if you generally have difficulty carrying out certain activities because you are too sleepy or tired. When the words “sleepy” or “tired” are used, it means the feeling that you can’t keep your eyes open, your head is droopy, that you want to “nod off” or that you feel the urge to take a nap. The words do not refer to the tired or fatigued feeling you may have after you have exercised.

Do you generally have difficulty concentrating on the things you do because you feel sleepy or tired?

Hand Card SLQ2

Don't do this activity for other reasons................................................... 1
No difficulty ........................................... 2
Yes, a little difficulty ........................ 3
Yes, moderate difficulty ................... 4
Yes, extreme difficulty ...................... 5
Refused ..................................................... 7
Don't know ............................................... 9

Do you generally have difficulty remembering things, because you are sleepy or tired?

Hand Card SLQ2

Don't do this activity for other reasons................................................... 1
No difficulty ........................................... 2
Yes, a little difficulty ........................ 3
Yes, moderate difficulty ................... 4
Yes, extreme difficulty ...................... 5
Refused ..................................................... 7
Don't know ............................................... 9

Do you have difficulty finishing a meal because you become sleepy or tired?

Hand Card SLQ2

Don't do this activity for other reasons................................................... 1
No difficulty ........................................... 2
Yes, a little difficulty ........................ 3
Yes, moderate difficulty ................... 4
Yes, extreme difficulty ...................... 5
Refused ..................................................... 7
Don't know ............................................... 9
SLQ.200 (Do you/Does SP) have difficulty working on a hobby, for example, sewing, collecting, gardening, because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

DON’T DO THIS ACTIVITY FOR OTHER REASONS................................................... 1
NO DIFFICULTY ........................................... 2
YES, A LITTLE DIFFICULTY ........................ 3
YES, MODERATE DIFFICULTY ................... 4
YES, EXTREME DIFFICULTY ...................... 5
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

SLQ.210 (Do you/Does SP) have difficulty getting things done because {you are/s/he is} too sleepy or tired to drive or take public transportation?

HAND CARD SLQ2

DON’T DO THIS ACTIVITY FOR OTHER REASONS................................................... 1
NO DIFFICULTY ........................................... 2
YES, A LITTLE DIFFICULTY ........................ 3
YES, MODERATE DIFFICULTY ................... 4
YES, EXTREME DIFFICULTY ...................... 5
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

SLQ.220 (Do you/Does SP) have difficulty taking care of financial affairs and doing paperwork (for example, paying bills or keeping financial records) because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

CAPI INSTRUCTION:
DISPLAY IF AGE 16-19: “(Do you/Does s/he) have difficulty doing homework or paperwork, for example paying bills or keeping financial records, because {you are/s/he is} sleepy or tired?”

DON’T DO THIS ACTIVITY FOR OTHER REASONS................................................... 1
NO DIFFICULTY ........................................... 2
YES, A LITTLE DIFFICULTY ........................ 3
YES, MODERATE DIFFICULTY ................... 4
YES, EXTREME DIFFICULTY ...................... 5
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9
SLQ.230  
(Do you/Does SP) have difficulty performing employed or volunteer work because (you are/s/he is) sleepy or tired?

HAND CARD SLQ2

CAPI INSTRUCTION:
DISPLAY IF SP AGE 16-19:  “(Do you/Does SP) have difficulty performing employed or volunteer work or attending school because (you are/s/he is) sleepy or tired?”

DON’T DO THIS ACTIVITY FOR OTHER REASONS…………………………………… 1
NO DIFFICULTY ……………………………………… 2
YES, A LITTLE DIFFICULTY ………………… 3
YES, MODERATE DIFFICULTY ……………… 4
YES, EXTREME DIFFICULTY ………………… 5
REFUSED …………………… 7
DON’T KNOW …………………… 9

SLQ.240  (Do you/Does SP) have difficulty maintaining a telephone conversation because (you become/s/he becomes) sleepy or tired?

HAND CARD SLQ2

DON’T DO THIS ACTIVITY FOR OTHER REASONS…………………………………… 1
NO DIFFICULTY ……………………………………… 2
YES, A LITTLE DIFFICULTY ………………… 3
YES, MODERATE DIFFICULTY ……………… 4
YES, EXTREME DIFFICULTY ………………… 5
REFUSED …………………… 7
DON’T KNOW …………………… 9