

SLEEP SURVEY

Please include this sheet when you mail back your questionnaire (an envelope has been provided). For questions about completing either questionnaire, call 1-800-775-2167.

Our mailing address is:

LONG-TERM FOLLOW-UP STUDY **MAYO MAIL CODE 715** 420 DELAWARE ST SE MINNEAPOLIS MN 55455-9940

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. PLEASE ANSWER ALL THE QUESTIONS.

1. During the past month, when have you usually gone to bed at night?

|--|

circle one: AM PM

PM

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

NUMBER OF MINUTES			
	NUMBER	OF	MINUTES

3.	During the past month, when have you usually gotten
	up in the morning?

circle one:	ΔМ	
USUAL GETTING UP TIME		

4. During the past month, how many hours of actual sleep did you get at night?

HOURS OF SLEEP PER NIGHT

		T I
5.	During the past month,	Three or more times a week
	how often have you had trouble sleeping	Once or twice a week
	because you	Not during the
		past month
a. b. c.	Cannot get to sleep within Wake up in the middle of the or early morning	he night
d.	Cannot breathe comfortably	y
e. f. g. h.	Cough or snore loudly Feel too cold Feel too hot Had bad dreams	
i.	Have pain	
j.	Other reasons	
-	Please describe:	
6.	During the past month, how quality overall?	w would you rate your sleep
	□ Very good □ Fairly	bad
	☐ Fairly good ☐ Very	bad
-	D des the sect	Three or more times a week
7.	During the past month	Once or twice a week
		Less than once a week
		Not during the
a.	How often have you taken (prescribed or "over the co to help you sleep?	unter")
b.	How often have you had to awake while driving, eating engaging in social activity?	g meals, or

Please turn page over and

continue on the other side.

Please! Do not mark below this line

 8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? No problem at all Only a very slight problem Somewhat of a problem Somewhat of a problem a. Very big problem 9. Do you use anything to help you get to sleep (for example, melatonin, yoga, meditation)? Please specify: In the beer caffeinated drinks, exercise, pills? No a typical day, how much of the following caffeinated beverages do you drink? 11. On a typical day, how much of the following caffeinated beverages do you drink? In the caffeen are normate? No bed partner or roommate? Partner in same room, but not same bed If you have a roommate or bed partner, ask him or bed partner, ask him or bed partner, ask hile asleep. If you have a toommate had No tood partner or roommate? No bed partner in same bed If you have a roommate had No tor partner in same bed If you have a for preving while you sleep			
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during sleep		· · · · · · · · · · · · · · · · · · ·	
			alc

e. Other restlessness while you sleep------ \Box \Box \Box

						•
 In the <u>last seven days</u>, how often would you 				Ver	y mı	uch
describe yourself as			Qı	uite a	ı bit	
		So	mew	hat		
	Α	little	bit			
	Not at	t all				
. I feel fatigued						
. I feel weak all over						
. I feel listless ("washed out")-						
. I feel tired						
 I have trouble starting things because I am tired I have trouble finishing things because I am tired I have energy I am able to do my usual act 	 3 					
I need to sleep during the day	y					
I am too tired to eat						
. I need help doing my usual a	activities-					
I am frustrated by being too t to do the things I want to do-						
n. I have to limit my social acti because I am tired						

For the following items, think about your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.

45 Have Blocks and sees to				
15. How likely are you to	High cha	nce of do	zing	
doze off or fall asleep in the following situations,	Moderate chance of dozing			
in contrast to feeling	Slight chance of do	ozing		
just tired?	Would never doze			
a. Sitting and reading	·			
b. Watching TV				
c. Sitting, inactive in a public p example, a theater or a me				
d. As a passenger in a car for without a break				
e. Lying down to rest in the af circumstances permit				
f. Sitting and talking to someo	ne			
g. Sitting quietly after a lunch alcohol				
h. In a car, while stopped for a in traffic				

Please! Do not mark below this line -