[SP; PROMPT; TERMINATE IF REFUSED]
S1.
This research is being conducted to learn about how people sleep. We are interested in getting information about these important issues from parents with children of certain ages living in their household.

First, would you please confirm that you do have at least one child age 6 to 17 living in your household?

  1) Yes, there is at least one child age 6 to 17 in the household
  2) No, there are no children age 6 to 17 in the household

[TERMINATE IF REFUSED]
[IF NO CHILDREN AGE 6 TO 17 IN THE HOUSEHOLD, INSERT STANDARD CLOSE]

[PROMPT IF SKIP]
S2.
Great. How many children age 6 to 17 currently live in your household?

[NUMBER BOX, RANGE 1-10]

[TERMINATE IF REFUSED]

 [IF S2=2 OR MORE, SKIP TO S3.]

[IF S2 = 1, ASK S2A.]
[PROMPT IF SKIP]
S2A.
How old is your child?

[NUMBER BOX, RANGE 6-17]

[TERMINATE IF REFUSED]

[PROMPT IF SKIP]

S3.

Some questions in this survey will ask about one of your children. Because you have more than one child age 6 to 17 in your household, the computer will randomly select one child about whom you'll answer those questions. To allow us to do this, please enter the first name or initials and age for everyone age 6 to 17 in your household below.

FIRST NAME or INITIALS	AGE [NUMBER BOX, RANGE 6-17]

[PROGRAMMER: IF MORE THAN ONE CHILD IS ENTERED ABOVE, PLEASE RANDOMLY SELECT ONE CHILD FOR THE RESPONDENT TO REFER TO FOR THE REMAINDER OF THE SURVEY AND SHOW S4.]

[SHOW FOR CHILD SELECTED AT S3]
[DISPLAY]

S4.   Thank you. %%childname%% has been selected.

[SP]
[PROMPT IF SKIP]

S5.   Before we start, two quick questions: Is **[IF S2=1:**your child**/IF S2>1:**%%childname%%**]** male or female?

1.   Male
2.   Female

[SP]

S6.   And how many children <u>under</u> age 6 live in your household?

[NUMBER BOX, RANGE 0-9]

MAIN INTERVIEW

[SP]

1. Thank you. First …

   Generally speaking, how would you rate the quality of the sleep <u>you</u> usually get?

   1. Excellent
   2. Good
   3. Fair
   4. Poor

[SP]

2. Generally speaking, how would you rate the quality of the sleep **[IF S2=1:**<u>your child</u>**/IF S2>1:**<u>%%childname%%</u>**]** usually gets?

   1. Excellent
   2. Good
   3. Fair
   4. Poor

[GRID]

3. We would like to know how important you believe sleep is for different things. How important is getting a good night of sleep for:

Very important	Somewhat important	Not too important	Not at all important
1	2	3	4

a. Your mood the next day

b. Your health/well-being

c. Your performance the next day

d. **[IF S2=1:**Your child's**/IF S2>1:**%%childname%%'s**]** mood the next day

e. **[IF S2=1:**Your child's**/IF S2>1:**%%childname%%'s**]** health/well-being

f. **[IF S2=1:**Your child's**/IF S2>1:**%%childname%%'s**]**performance in school the next day

e. **[IF S2=1:**Your child's**/IF S2>1:**%%childname%%'s**]** behavior the next day

4. About how many hours of sleep do you think **[IF S2=1:**your child**/IF S2>1:**%%childname%%**]** needs, at a minimum, to be at **[IF S5=1:**his**/IF S5=2:**her**]** best during the day?

[NUMBER BOX, RANGE 0-15]

[GRID]

5. How often do you do each of the following things to help you sleep?

Often	Sometimes	Rarely	Never
1	2	3	4

a. Take a bath or shower

b. Listen to music

c. Drink alcohol

d. Read

e. Do yoga/meditate

f. Watch television or videos (on any device)

g. Surf/play games online

h. Take over-the-counter medication (including herbal remedies)

i. Take prescription medication

j. Other things

[IF Q.5J=1,2,3, ASK Q.5J_OT]

5j_OT. Please specify what other things you ever do to help you sleep.

[TEXTBOX]

[GRID]

6. How often does **[IF S2=1:**your child**/IF S2>1:**%%childname%%**]** do each of the following things to help **[IF S5=1:**him**/IF S5=2:**her**]** sleep?

Often	Sometimes	Rarely	Never
1	2	3	4

a. Take a bath or shower

b. Listen to music

c. Read

d. Do yoga/meditate

e. Watch television or videos (on any device)

f. Surf/play games online

g. Take medication (over-the-counter or prescription)

[GRID]

[PROMPT IF SKIP (AND IF RESPONDENT GIVES A NUMBER, REQUIRE SELECTION OF A.M. OR P.M.)]

7. Please tell us approximately what time **[IF S2=1:**your child**/IF S2>1:**%%childname%%**]** typically goes to bed and wakes up on school days and non-school days:

On school days	On non-school days
[NUMBER BOX, RANGE 1-12] [RADIO: a.m., p.m.**]**	**[NUMBER BOX, RANGE 1-12] [RADIO:** a.m., p.m.**]**

a. **[IF S5=1:**He**/IF S5=2:**She**]** typically goes to bed:
b. **[IF S5=1:**He**/IF S5=2:**She**]** typically wakes up:

[GRID]

On school days	On non-school days
[NUMBER BOX, RANGE 1-15] hours	**[NUMBER BOX, RANGE 1-15]** hours

8. Considering that someone may or may not fall asleep as soon as they go to bed and may wake up during the night, about how much actual sleep would you estimate **[IF S2=1:**your child**/IF S2>1:**%%childname%%**]** typically gets at night:

[SP]

9. Which best describes **[IF S2=1:**your child/**IF S2>1:**%%childname%%**]**'s usual sleeping arrangement:

1. **[IF S5=1:**He/**IF S5=2:**She**]** shares a bed with someone else
2. **[IF S5=1:**He/**IF S5=2:**She**]** sleeps alone in bed but shares a bedroom with someone else
3. **[IF S5=1:**He/**IF S5=2:**She**]** sleeps alone in **[IF S5=1:**his/**IF S5=2:**her**]** own bedroom

[SP]

10. To the best of your knowledge, how often does **[IF S2=1:**your child/**IF S2>1:**%%childname%%**]** wake up during a typical night?

1. Never
2. Once
3. Twice
4. Three times or more

[SP]

11. To the best of your knowledge, how often does **[IF S2=1:**your child/**IF S2>1:**%%childname%%**]** fall asleep in school?
1. Never
2. Rarely
3. Sometimes
4. Often

[GRID]

12. Please tell us which of the following are usually in your bedroom at night::

No, not in bedroom	Yes, in bedroom
2	1

a. Television

b. Computer (laptop or desktop)

c. Tablet (ex: iPad) or smartphone (ex: iPhone or Android)

d. Cell phone (not a smartphone) or landline telephone

e. Video game

f. MP3 or other music player and/or radio

13. Please tell us whether you always turn off each of the following before going to sleep or if you leave it on at least sometimes while sleeping:

Always turn this off before sleeping	Leave it on at least sometimes while sleeping
1	2

a. **[IF 12A=2]**Television

b. **[IF 12B=2]**Computer (laptop or desktop)

c. **[IF 12C=2]**Tablet (ex: iPad) or smartphone (ex: iPhone or Android)

d. **[IF 12D=2]**Cell phone (not a smartphone) or landline telephone

e. **[IF 12E=2]**Video game

f. **[IF 12F=2]**MP3 or other music player and/or radio

14. . Please tell us which of the following are usually in **[IF S2=1:**your child's**/IF S2>1:**%%childname%%'s**]** bedroom at night:

No, not in bedroom	Yes, in bedroom
2	1

a. Television

b. Computer (laptop or desktop)

c. Tablet (ex: iPad) or smartphone (ex: iPhone or Android)

d. Cell phone (not a smartphone) or landline telephone

e. Video game

f. MP3 or other music player and/or radio

15. To your knowledge, does **[IF S2=1:**your child's**/IF S2>1:**%%childname%%'s**]** always turns off each of the following before going to sleep or if **[IF S5=1:**he**/IF S5=2:**she**]** leaves it on at least sometimes while sleeping:

[IF S5=1: He**/IF S5=2:**She**]** always turns this off before sleeping	**[IF S5=1:**He**/IF S5=2:**She**]** leaves it on at least sometimes while sleeping
1	2

a. **[IF 14A=2]**Television

b. **[IF 14B=2]**Computer (laptop or desktop)

c. **[IF 14C=2]**Tablet (ex: iPad) or smartphone (ex: iPhone or Android)

d. **[IF 14D=2]**Cell phone (not a smartphone) or landline telephone

e. **[IF 14E=2]**Video game

f. **[IF 14F=2]**MP3 or other music player and/or radio

For the next several questions we will ask you to think about the last <u>seven</u> days – that is, starting **[PROGRAMMER NOTE: PLEASE INSERT DAY AND DATE, GOING BACK 7 DAYS FROM (AND INCLUDING) THE DAY THE SURVEY IS BEING COMPLETED. FOR EXAMPLE, IF THE SURVEY IS BEING COMPLETED TUESDAY, DEC. 10, DISPLAY:** Wednesday, Dec. 4.**]**

16. In the <u>past seven days</u>, how often did each of the following make it more difficult for you to get a good night's sleep?

Not at all	Just one night	Two or three nights	Most or all nights
4	3	2	1

[NO ITEM A. IN Q.16 (SO THAT THIS LIST PARALLELS Q.17 IN THE DATASET)]

b. Scheduled evening activities

c. Pets

d. Inside noise (ex: television, other people, snoring)

e. Outside noise (ex: street noise, sirens)

f. Temperature (too hot or too cold)

g. Light (from either inside or outside)

h. **[IF 12A=2]**Television in your bedroom

i. **[IF 12B=2]**Computer use in your bedroom

j. **[IF 12C=2]** Tablet or smart phone use in your bedroom

k. **[IF 12D=2]** Cell phone (not smartphone) or landline telephone in your bedroom

l. **[IF 12E=2]**Video game in your bedroom

[GRID]

17. In the <u>past seven days</u>, how often do you think each of the following made it more difficult for **[IF S2=1:**your child**/IF S2>1:**%%childname%%**]** to get a good night's sleep?

Not at all	Just one night	Two or three nights	Most or all nights
4	3	2	1

a. Homework

b. Scheduled evening activities

c. Pets

d. Inside noise (examples: television, other people, snoring)

e. Outside noise (examples: street noise, sirens)

f. temperature (too hot or too cold)

g. light (from either inside or outside the bedroom)

h. **[IF 14A=2]**Television in **[IF S5=1:**his**/IF S5=2:**her**]** bedroom

i. **[IF 14B=2]**Computer use in **[IF S5=1:**his**/IF S5=2:**her**]** bedroom

j. **[IF 14C=2]** Tablet or smartphone use in **[IF S5=1:**his**/IF S5=2:**her**]** bedroom

k. **[IF 14D=2]**Cell phone (not a smartphone) in **[IF S5=1:**his**/IF S5=2:**her**]** bedroom

l. **[IF 14E=2]**Video game in **[IF S5=1:**his**/IF S5=2:**her**]** bedroom

[SP]

18. In the <u>past seven days</u>, how often did you send or receive text messages, emails or other electronic communications after you had initially gone to sleep?

  4. Not at all
  3. Just one night
  2. Two or three nights
  1. Most or all nights

[SP]

19. To the best of your knowledge, in the <u>past seven days</u>, how often did **[IF S2=1:**your child/**IF S2>1:**%%childname%%**]** send or receive text messages, emails or other electronic communications after **[IF S5=1:**he/**IF S5=2:**she**]** had initially gone to sleep?

  4. Not at all
  3. Just one night
  2. Two or three nights
  1. Most or all nights

[GRID]

20. Some parents keep very regular schedules; others change frequently. Please tell us how regularly each of the following activities happened in the <u>past seven days</u>:

About the same time every day	About the same time on school days but different on non-school days	Varied from school day to school day
1	2	3

For you (the parent)
  a. Time of your evening meal
  b. Time you went to bed
  c. Time you got up in the morning

For **[IF S2=1:** your child/**IF S2>1:** %%childname%%**]**:
  d. Time of**[IF S2=1:** your child/**IF S2>1:** %%childname%%**]**'s breakfast
  e. Time of**[IF S2=1:** your child/**IF S2>1:** %%childname%%**]**'s evening meal
  f. Time **[IF S2=1:** your child/**IF S2>1:** %%childname%%**]** went to bed for the night
  g. Time **[IF S2=1:** your child/**IF S2>1:** %%childname%%**]** awoke or was awakened in morning

[GRID]

21. Some parents have rules about what their child can do before bedtime and others do not. Parents who have such rules may or may not enforce them all the time. Which comes closest to describing rules **[IF S2=1:**your child**/IF S2>1:**%%childname%%**]** may have to follow about:

No formal rules	Have rules, sometimes enforced	Have rules, usually enforced	Have rules, always enforced
4	3	2	1

a. The specific time **[IF S5=1:**he**/IF S5=2:**she**]** goes to bed

b. How late **[IF S5=1:**he**/IF S5=2:**she**]** can watch television

c. Drinking colas, coffee, or other sources of caffeine in the afternoon or evening

d. How late **[IF S5=1:**he**/IF S5=2:**she**]** can use **[IF S5=1:** his**/IF S5=2:** her**]** smartphone or cell phone

e. How late **[IF S5=1:** he**/IF S5=2:** she**]** can use **[IF S5=1:** his**/IF S5=2:** her**]** computer/tablet

f. How late **[IF S5=1:**he**/IF S5=2:**she**]** can play video games

[GRID]

22. For each of the following, how much of an impact is there if your child does not get adequate sleep?

No impact	Some impact	Major impact
3	2	1

[RANDOMIZE ITEMS A-C; ALWAYS SHOW D LAST]

a. **[IF S2=1:** your child**/IF S2>1:** %%childname%%**]**'s overall performance in school
b. **[IF S2=1:** your child**/IF S2>1:** %%childname%%**]**'s overall mood
c. **[IF S2=1:** your child**/IF S2>1:** %%childname%%**]**'s behavior
d. your family's overall quality of life

[PROMPT IF SKIP]
[SP]

One final question …

MARITAL STATUS.