2015 Sleep in America Poll
November 2014
- Study Details -

Note: This page may be removed when the questionnaire is sent to the client. However, it must exist in the version sent to OSD.

SNO	**19321**
Survey Name	**2015 Sleep in America Poll**
Client Name	**Mokrzycki Survey Research Services**
G&A WBS	**310.111.00340.1**
Project Director Name	**Ryan Tully**
Team/Area Name	**G & A**

Samvar (Include name, type and response values. "None" means none. Blank means standard demos. This must match SurveyMan.)	
Sample specs	
Timing Template Required (y/n)	**Enabled by default**
Multi-Media	

Important: **Do not change Question numbers after Version 1; to add a new question, use alpha characters (e.g., 3a, 3b, 3c.) Changing question numbers will cause delays and potentially errors in the program.**

2015 Sleep in America Poll
November 2014
- Questionnaire -

[DISPLAY]
This survey for the National Sleep Foundation is about the health and well-being of the American public. We really appreciate your help because it's important to hear from all kinds of people in this survey.

SECTION: OVERALL HEALTH

[PROGRAMMING NOTE: PLEASE RANDOMIZE AND RECORD THE PRESENTATION OF Q1A AND Q1B.]

[SP, GRID ACROSS]
Q1A.   In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

[SP, GRID ACROSS]
Q1B.   In general, would you say your quality of life is:

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

[SP, GRID ACROSS]
Q1C.   In general, how would you rate your physical health?

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

[SP, GRID ACROSS]
Q1D.   In general, how would you rate your mental health, including your mood and your ability to think?

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

[DISPLAY]
Now we have several questions about your sleep behavior, including times you typically go to bed and wake up and how much actual sleep you think you get.

For questions asking about time, please select the hour, minutes and AM or PM (with "Noon" being "12 PM" and "Midnight" being "12 AM"). For questions asking how much actual sleep you think you get, please select the number of hours and minutes.

SLEEP QUESTIONS

[PROGRAMMING NOTE: PROMPT ONCE IF RESPONDENT DOES NOT SELECT A NUMERIC VALUE IN THE 'HOURS' DROPDOWN FIELDS; CUSTOM TEXT: 'PLEASE SELECT A VALUE FOR THE 'HOURS' FIELD(S) BELOW'; PROMPT ONCE IF RESPONDENT DOES NOT SELECT A NUMERIC VALUE IN THE 'MINUTES' DROPDOWN FIELD(S); CUSTOM TEXT : 'PLEASE SELECT A VALUE FOR THE 'MINUTES' FIELD(S) BELOW' PROMPT ONCE IF RESPONDENT DOES NOT SELECT EITHER 'AM' OR 'PM'; CUSTOM TEXT: 'PLEASE SELECT 'AM' OR 'PM' FOR THIS QUESTION(S)']

[PROMT ONCE IF '12' IS SELECTED THE HOURS DROPDOWN BOX FOR EITHER Q2A OR Q2B; CUSTOM TEXT, "When reporting time, some people may confuse the use of the terms 'AM' and 'PM.' To help you accurately respond, we want to remind you that any time from 'Noon' onward is considered 'PM' time, while any time from 'Midnight' onward is listed as 'AM' time. Please review your responses to ensure that you have listed these times correctly."**]**

[GRID; DROPDOWN NUMERIC BOXES; SP]
[DISPLAY]
The following questions concern your typical behavior on **work days or weekdays**.

Please tell us what time you <u>typically</u>…

Q2A.   <u>**Go to bed**</u> on work days or weekdays?
Q2B.   <u>**Wake up**</u> on work days or weekdays?

[DROPDOWN NUMERIC BOX; WITH FIRST NON-SELECTABLE LINE BEING – HH –; RANGE 1-12]   PLACE A BOLD : BETWEEN THE TWO NUMERIC BOXES [DROPDOWN NUMERIC BOX; WITH FIRST NON-SELECTABLE LINE BEING – MM –; VALUES 00, 15, 30, 45]   [SP; RESPONSE OPTIONS 'AM' AND 'PM']

[PROGRAMMING NOTE: PLEASE CREATE DOV_WEEKTIME. TO DO THIS:

STEP 1: CONVERT HOURS AND MINUTES IN Q2A TO TIME1. TIME1 CONTAINS TOTAL MINUTES OF BED TIME. HOURS IN HOURS DROPDOWN BOX SHOULD BE MULTIPLE BY 60. THEN ADD TOTAL MINUTES FROM HOURS DROPDOWN BOX SHOULD BE ADDED TO NUMBER OF MINUTES IN MINUTES DROPDOWN BOX.

STEP 2: CONVERT HOURS AND MINUTES IN Q2B TO TIME2. TIME2 CONTAINS TOTAL MINUTES OF WAKE TIME. HOURS IN HOURS DROPDOWN BOX SHOULD BE MULTIPLE BY 60. THEN ADD TOTAL MINUTES FROM HOURS DROPDOWN BOX SHOULD BE ADDED TO NUMBER OF MINUTES IN MINUTES DROPDOWN BOX.

STEP 3: AFTER CONVERTING TIME, FORMULA MUST BE SET UP BASED ON 'AM'/'PM' DESIGNATIONS FOR Q2A AND Q2B:

- **IF Q2A=PM AND Q2B=AM, THEN SUBTRACT TIME1 FROM 1440 (1440-TIME1) AND ADD THAT AMOUNT TO TOTAL MINUTES FROM TIME2, WHICH WILL EQUAL AMOUNT OF DOV_WEEKTIME.**
- **IF (Q2A=AM AND Q2B=AM) AND (TIME1 IS NOT GREATER THAN TIME2), THEN SUBTRACT TIME1 FROM TIME2 (TIME2-TIME1), WHICH WILL EQUAL AMOUNT OF DOV_WEEKTIME.**
- **IF (Q2A=AM AND Q2B=AM) AND (TIME1 IS GREATER THAN TIME2), THEN SUBTRACT TIME1 FROM 1440 (1440-TIME1) AND ADD THIS AMOUNT TO TIME2, WHICH WILL EQUAL AMOUNT OF DOV_WEEKTIME.**
- **IF (Q2A=PM AND Q2B=PM) AND (TIME1 IS NOT GREATER THAN TIME2), THEN SUBTRACT TIME1 FROM TIME2 (TIME2-TIME1), WHICH WILL EQUAL AMOUNT OF DOV_WEEKTIME.**

- **IF (Q2A=PM AND Q2B=PM) AND (TIME1 IS GREATER THAN TIME2), THEN SUBTRACT TIME1 FROM 1440 (24-TIME1) AND ADD THIS AMOUNT TO TIME2, WHICH WILL EQUAL AMOUNT OF DOV_WEEKTIME.**
- **IF Q2A=AM AND Q2B=PM, THEN SUBTRACT TIME1 FROM TIME (1TIME2-TIME1), WHICH WILL EQUAL AMOUNT OF DOV_WEEKTIME.]**

[PROMPT: IF DOV_WEEKTIME=180 OR LESS, USE CUSTOM PROMPT ONCE, 'The amount of time that you have reported being in bed on work days/weekdays is 3 hours or less. Did you intend to say you were in bed from [INSERT FROM Q2A HH:MM AM/PM] to [INSERT FROM Q2B HH:MM AM/PM]? If these were the times and AM/PM selections you intended to provide, please click the 'Next' button. Otherwise, please adjust your responses accordingly.'**]**

[PROMPT: IF DOV_WEEKTIME=720 OR MORE, USE CUSTOM PROMPT ONCE, 'The amount of time that you have reported being in bed on work days/weekdays is 12 hours or more. Did you intend to say you were in bed from [INSERT FROM Q2A HH:MM AM/PM] to [INSERT FROM Q2B HH:MM AM/PM]? If these were the times and AM/PM selections you intended to provide, please click the 'Next' button. Otherwise, please adjust your responses accordingly.'**]**

[PROGRAMMING NOTE: PROMPT ONCE IF RESPONDENT DOES NOT SELECT A NUMERIC VALUE IN THE 'HOURS' DROPDOWN FIELDS; CUSTOM TEXT: 'PLEASE SELECT A VALUE FOR THE 'HOURS' FIELD(S) BELOW'; PROMPT ONCE IF RESPONDENT DOES NOT SELECT A NUMERIC VALUE IN THE 'MINUTES' DROPDOWN FIELD(S); CUSTOM TEXT : 'PLEASE SELECT A VALUE FOR THE 'MINUTES' FIELD(S) BELOW' PROMPT ONCE IF RESPONDENT DOES NOT SELECT EITHER 'AM' OR 'PM'; CUSTOM TEXT: 'PLEASE SELECT 'AM' OR 'PM' FOR THIS QUESTION(S)']

[PROMT ONCE IF '12' IS SELECTED THE HOURS DROPDOWN BOX FOR EITHER Q2A OR Q2B; CUSTOM TEXT, "When reporting time, some people may confuse the use of the terms 'AM' and 'PM.' To help you accurately respond, we want to remind you that any time from 'Noon' onward is considered 'PM' time, while any time from 'Midnight' onward is listed as 'AM' time. Please review your responses to ensure that you have listed these times correctly."**]**

[GRID; DROPDOWN NUMERIC BOXES; SP]
[DISPLAY]
The following questions concern your typical behavior on **non-work days or weekends**.

Please tell us what time you <u>typically</u>…

Q3A.   <u>**Go to bed**</u> on non-work days or weekends?
Q3B.   <u>**Wake up**</u> on non-work days or weekends?

[DROPDOWN NUMERIC BOX; WITH FIRST NON-SELECTABLE LINE BEING – HH –; RANGE 1-12]   PLACE A BOLD : BETWEEN THE TWO NUMERIC BOXES [DROPDOWN NUMERIC BOX; WITH FIRST NON-SELECTABLE LINE BEING – MM –; VALUES 00, 15, 30, 45]   [SP; RESPONSE OPTIONS 'AM' AND 'PM']

[PROGRAMMING NOTE: PLEASE CREATE DOV_WEEKEND. TO DO THIS:

STEP 1: CONVERT HOURS AND MINUTES IN Q3A TO TIME3. TIME3 CONTAINS TOTAL MINUTES OF BED TIME. HOURS IN HOURS DROPDOWN BOX SHOULD BE MULTIPLE BY 60. THEN ADD TOTAL MINUTES FROM HOURS DROPDOWN BOX SHOULD BE ADDED TO NUMBER OF MINUTES IN MINUTES DROPDOWN BOX.

STEP 2: CONVERT HOURS AND MINUTES IN Q3B TO TIME4. TIME4 CONTAINS TOTAL MINUTES OF WAKE TIME. HOURS IN HOURS DROPDOWN BOX SHOULD BE MULTIPLE BY 60. THEN ADD TOTAL

MINUTES FROM HOURS DROPDOWN BOX SHOULD BE ADDED TO NUMBER OF MINUTES IN MINUTES DROPDOWN BOX.

STEP 3: AFTER CONVERTING TIME, FORMULA MUST BE SET UP BASED ON 'AM'/'PM' DESIGNATIONS FOR **Q3A** AND **Q3B:**

- **IF Q3A=PM AND Q3B=AM, THEN SUBTRACT TIME3 FROM 1440 (1440-TIME3) AND ADD THAT AMOUNT TO TOTAL MINUTES FROM TIME4, WHICH WILL EQUAL AMOUNT OF DOV_WEEKEND.**
- **IF (Q3A=AM AND Q3B=AM) AND (TIME3 IS NOT GREATER THAN TIME4), THEN SUBTRACT TIME3 FROM TIME4 (TIME4-TIME3), WHICH WILL EQUAL AMOUNT OF DOV_WEEKEND.**
- **IF (Q3A=AM AND Q3B=AM) AND (TIME3 IS GREATER THAN TIME4), THEN SUBTRACT TIME3 FROM 1440 (1440-TIME3) AND ADD THIS AMOUNT TO TIME4, WHICH WILL EQUAL AMOUNT OF DOV_WEEKEND.**
- **IF (Q3A=PM AND Q3B=PM) AND (TIME3 IS NOT GREATER THAN TIME4), THEN SUBTRACT TIME3 FROM TIME4 (TIME4-TIME3), WHICH WILL EQUAL AMOUNT OF DOV_WEEKEND.**
- **IF (Q3A=PM AND Q3B=PM) AND (TIME3 IS GREATER THAN TIME4), THEN SUBTRACT TIME3 FROM 1440 (24-TIME3) AND ADD THIS AMOUNT TO TIME4, WHICH WILL EQUAL AMOUNT OF DOV_WEEKEND.**
- **IF Q3A=AM AND Q3B=PM, THEN SUBTRACT TIME3 FROM TIME (1TIME4-TIME3), WHICH WILL EQUAL AMOUNT OF DOV_WEEKEND.]**

[PROMPT: IF DOV_WEEKEND=180 OR LESS, USE CUSTOM PROMPT ONCE, 'The amount of time that you have reported being in bed on non-work days/weekends is 3 hours or less. Did you intend to say you were in bed from [INSERT FROM Q3A HH:MM AM/PM] to [INSERT FROM Q3B HH:MM AM/PM]? If these were the times and AM/PM selection you intended to provide, please click the 'Next' button. Otherwise, please adjust your responses accordingly.'**]**
[PROMPT: IF DOV_WEEKEND=720 OR MORE, USE CUSTOM PROMPT ONCE, 'The amount of time that you have reported being in bed on non-work days/weekends is 12 hours or more. Did you intend to say you were in bed from [INSERT FROM Q3A HH:MM AM/PM] to [INSERT FROM Q3B HH:MM AM/PM]? If these were the times and AM/PM selections you intended to provide, please click the 'Next' button. Otherwise, please adjust your responses accordingly.'**]**

[PROGRAMMING NOTE: PROMPT ONCE IF RESPONDENT DOES NOT SELECT A NUMERIC VALUE IN THE 'HOURS' DROPDOWN FIELDS; CUSTOM TEXT: 'PLEASE SELECT A VALUE FOR THE 'HOURS' FIELD(S) BELOW'; PROMPT ONCE IF RESPONDENT DOES NOT SELECT A NUMERIC VALUE IN THE 'MINUTES' DROPDOWN FIELD(S); CUSTOM TEXT : 'PLEASE SELECT A VALUE FOR THE 'MINUTES' FIELD(S) BELOW']
[GRID; DROP DOWN NUMERIC BOXES; SP]
[DISPLAY]
Considering that someone may or may not fall asleep as soon as they go to bed or may wake up during the night, about how much actual sleep would you estimate you <u>typically</u> get…

Q6A.   On work nights or weeknights?
Q6B.   On non-work nights or weekend nights?

[DROPDOWN NUMERIC BOX; RANGE 1-12] hours **[DROPDOWN NUMERIC BOX; WITH FIRST LINE BEING SELECTABLE VALUE 00; OTHER VALUES 15, 30, 45]** minutes

[PROGRAMMING NOTE: PLEASE CREATE DOV_TOTALWEEK. TO DO THIS:

CONVERT HOURS AND MINUTES IN Q6A TO TIME5. HOURS IN HOURS DROPDOWN BOX SHOULD BE MULTIPLE BY 60. THEN ADD TOTAL MINUTES FROM HOURS DROPDOWN BOX SHOULD BE ADDED TO NUMBER OF MINUTES IN MINUTES DROPDOWN BOX, WHICH WILL EQUAL AMOUNT OF DOV_TOTALWEEK]

[PROMPT ONCE IF DOV_TOTALWEEK IS 180 OR LESS; USE CUSTOM PROMPT, 'The amount of time that you have reported for actual sleep on work days/weekdays is 3 hours or less. Please review your reported actual sleep amount during work days/weekdays. If this is the amount you intended to report, please click the 'Next' button. Otherwise, please adjust your responses accordingly.**]**
[PROMPT ONCE IF DOV_TOTALWEEK IS 720 OR MORE; USE CUSTOM PROMPT, 'The amount of time that you have reported for actual sleep on work days/weekdays is 12 hours or more. Please review your reported actual sleep amount during work days/weekdays. If this is the amount you intended to report, please click the 'Next' button. Otherwise, please adjust your responses accordingly.**]**

[PROGRAMMING NOTE: PLEASE CREATE DOV_TOTALWEEKEND. TO DO THIS:

CONVERT HOURS AND MINUTES IN Q6B TO TIME6. HOURS IN HOURS DROPDOWN BOX SHOULD BE MULTIPLE BY 60. THEN ADD TOTAL MINUTES FROM HOURS DROPDOWN BOX SHOULD BE ADDED TO NUMBER OF MINUTES IN MINUTES DROPDOWN BOX, WHICH WILL EQUAL AMOUNT OF DOV_TOTALWEEKEND]

[PROMPT ONCE IF DOV_TOTALWEEKEND IS 180 OR LESS; USE CUSTOM PROMPT, 'The amount of time that you have reported for actual sleep on non-work days/weekends is 3 hours or less. Please review your reported actual sleep amount during non-work days/weekends. If this is the amount you intended to report, please click the 'Next' button. Otherwise, please adjust your responses accordingly.**]**
[PROMPT ONCE IF DOV_TOTALWEEKEND IS 720 OR MORE; USE CUSTOM PROMPT, 'The amount of time that you have reported for actual sleep on non-work days/weekends is 12 hours or more. Please review your reported actual sleep amount during non-work days/weekends. If this is the amount you intended to report, please click the 'Next' button. Otherwise, please adjust your responses accordingly.**]**

[PROGRAMMING NOTE:
PROMPT ONCE IF RESPONDENT DOES NOT SELECT A NUMERIC VALUE IN 'HOURS' DROPDOWN FIELD; CUSTOM TEXT: 'PLEASE SELECT A VALUE FOR THE 'HOURS' FIELD BELOW'
PROMPT ONCE IF RESPONDENT DOES NOT SELECT A NUMERIC VALUE IN 'MINUTES' DROPDOWN FIELD; CUSTOM TEXT : 'PLEASE SELECT A VALUE FOR THE 'MINUTES' FIELD BELOW']
[DROPDOWN NUMERIC FIELDS]
Q7.   About how much sleep do you think you need, at a minimum, to be at your best during the day?

> **[DROP DOWN NUMERIC BOX; RANGE 1-12]** hours **[DROPDOWN NUMERIC BOX; WITH FIRST LINE BEING SELECTABLE VALUE 00; OTHER VALUES 15, 30, 45]** minutes

[PROGRAMMING NOTE: PLEASE CREATE DOV_TOTALSLEEP. TO DO THIS:

CONVERT HOURS AND MINUTES IN Q7 TO TIME7. HOURS IN HOURS DROPDOWN BOX SHOULD BE MULTIPLE BY 60. THEN ADD TOTAL MINUTES FROM HOURS DROPDOWN BOX SHOULD BE ADDED TO NUMBER OF MINUTES IN MINUTES DROPDOWN BOX, WHICH WILL EQUAL AMOUNT OF DOV_TOTALSLEEP]

[PROMPT ONCE IF DOV_TOTALSLEEP IS 180 OR LESS; USE CUSTOM PROMPT, 'The amount of time that you have reported for sleep needed to be at your best is 3 hours or less. Please review the reported amount of sleep you need to be at your best. If this is the amount you intended to report, please click the 'Next' button. Otherwise, please adjust your responses accordingly.**]**

[SP, GRID ACROSS]
[PROMPT]
Q8.   Thinking now about your sleep in the past 7 days, would you say...

Not at all	A little bit	Somewhat	Quite a bit	Very much
1	2	3	4	5

- A.   I was satisfied with my sleep
- B.   My sleep was refreshing
- C.   My sleep was restless
- D.   I had difficulty falling asleep

[SP, GRID ACROSS]
[PROMPT]
Q9.   In the past 7 days, would you say…

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

- A.   I got enough sleep
- B.   I had trouble sleeping
- C.   I had trouble staying asleep

[SP, GRID ACROSS]
[PROMPT]
Q10.   In the past 7 days, would you say…

Very poor	Poor	Fair	Good	Very good
1	2	3	4	5

- A.   My sleep quality was

[SHOW IF (Q8A=1 OR 2 OR 3) OR (Q8B=1 OR 2 OR 3) OR (Q8C=3 OR 4 OR 5) OR (Q8D=3 OR 4 OR 5) OR (Q9A=1 OR 2 OR 3) OR (Q9B=3 OR 4 OR 5) OR (Q9C=3 OR 4 OR 5) OR (Q10A=1 OR 2)]
[SP]
Q11.   You indicated that you've had difficulty with some aspect of your sleep in the past 7 days. For about how long have you had this difficulty?

Less than 1 month…1
At least 1 month but less than 3 months…2
At least 3 months but less than 6 months…3
At least 6 months but less than 1 year…4
1 year or more…5

[SHOW IF (Q8A=1 OR 2 OR 3) OR (Q8B=1 OR 2 OR 3) OR (Q8C=3 OR 4 OR 5) OR (Q8D=3 OR 4 OR 5) OR (Q9A=1 OR 2 OR 3) OR (Q9B=3 OR 4 OR 5) OR (Q9C=3 OR 4 OR 5) OR (Q10A=1 OR 2)]
[SP]
Q11a. In general when you have difficulty sleeping, how much does it interfere with your...

A great deal	Quite a bit	Not that much	Not at all
1	2	3	4

A.   Mood
B.   Day-to-day activities
C.   Enjoyment of life
D.   Relationships with other people
E.   Ability to do work, chores, child care, or other duties

[SP, GRID ACROSS]
Q12.   In the past 7 days, how often did you …

Never	Once or twice	Several days/nights	Every night
1	2	3	4

A.   Take medication for pain (including prescription, over the counter, or herbal remedies)?
B.   Take non-pain medication for sleep (including prescription, over the counter, herbal remedies or melatonin)?

[SP, GRID ACROSS]
Q13.   In the past 7 days, how would you rate …

None	Mild	Moderate	Severe	Very severe
1	2	3	4	5

A.   Your fatigue on average?
b.   Your stress level on average?

[PROGRAMMING NOTE: ANCHOR ITEM A IN FIRST ITEM POSITION; ANCHOR ITEM B IN SECOND ITEM POSITION; RANDOMIZE AND RECORD ORDER OF ITEMS C THROUGH F.]
[SP, GRID ACROSS]
Q14.   For the following questions, please indicate how often these things happen to you in general.

How often do you…

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

A.   Get a good night's sleep?
B.   Get enough sleep to feel your best the next day?
C.   Have control over when and how much you sleep?
D.   Worry about getting a good night's sleep?
E.   Get overwhelmed by your thoughts when trying to sleep at night?

[SP, GRID ACROSS]
Q14a   How often do health problems make it difficult for you to get a good night's sleep?.

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

[SP, GRID ACROSS]
Q15.   In general, how often does each of the following make it more difficult for you to get a good night's sleep?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

A.   Outside noise (ex: street noise, sirens)
B.   Inside noise (ex: television, other people, snoring)
C.   Light (from either inside or outside)
D.   Temperature (too hot or too cold)
E.   Uncomfortable mattress

[SP]
Q16.   In general, how motivated are you to make sure you have enough time to sleep?

Extremely motivated…1
Very motivated…2
Somewhat motivated…3
Not that motivated…4
Not motivated at all…5

[SP]
Q17.   In general, how important a part of your routine is going to bed at a suitable time?

Extremely important…1
Very important…2
Somewhat important…3
Not that important…4

Not important at all…5

[SP]
Q18.   <u>In general</u>, are you able to tell when you are sleepy?

Extremely able…1
Very able…2
Somewhat able…3
Not that able…4
Not able at all…5

[SP]
Q19.   How concerned are you that poor sleep may have serious consequences for your physical health?

Extremely concerned…1
Very concerned…2
Somewhat concerned…3
Not that concerned…4
Not concerned at all…5

[SP]
Q20.   How often would you say you have seen information about sleep problems on TV or the Internet <u>in the past year</u>?

Frequently…1
Occasionally…2
Rarely…3
Never…4

[SP]
Q21.   How often would you say you have discussed your sleep with a doctor or medical professional <u>in the past year</u>?

Frequently…1
Occasionally…2
Rarely…3
Never…4

[SP]
Q22.   Have you ever been told by a doctor that you have a sleep disorder?

Yes…1
No…2

[SHOW IF Q22=1 'YES']
[SP, GRID ACROSS]
Q23.   Have you been diagnosed with…

Yes	No
1	2

- A.   Sleep apnea
- B.   Insomnia
- C.   Other sleep disorder

PAIN QUESTIONS

[DISPLAY ON SAME PAGE AS Q24]
At some point in their lives, everyone experiences physically painful situations, such as headaches, tooth pain, joint or muscle pain. People might have illnesses, injuries, dental procedures or surgeries. Some experience chronic, recurrent or long-lasting pain.

[SP, GRID ACROSS]
Q24.   In general when you have pain, how much does it interfere with your...

A great deal	Quite a bit	Not that much	Not at all
1	2	3	4

- A.   Mood
- B.   Day-to-day activities
- C.   Enjoyment of life
- D.   Relationships with other people
- E.   Ability to do work, chores, child care, or other duties
- F.   Sleep

[SP, GRID ACROSS]
Q25.   Now, in thinking about any physical pain you have experienced in the past seven days…

No pain	Mild	Moderate	Severe	Very severe
1	2	3	4	5

- A.   How intense was your pain at its worst?
- B.   How intense was your average pain?
- C.   What is your level of pain right now?

[SHOW IF Q25A DOES NOT EQUAL 1 'NO PAIN' AND Q25B DOES NOT EQUAL 1 'NO PAIN;' OR SHOW IF Q25A DOES NOT EQUAL 1 AND Q25B EQUALS -1 'REFUSED'; OR SHOW IF Q25B DOES NOT EQUAL 1 AND Q25A EQUALS -1 'REFUSED']
[SP, GRID ACROSS]
Q25_A2.   Still thinking about the physical pain you experienced in the past 7 days …

At its WORST, how would you rate it on a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine?

0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10

[SHOW IF Q25A DOES NOT EQUAL 1 'NO PAIN' AND Q25B DOES NOT EQUAL 1 'NO PAIN;' OR SHOW IF Q25A DOES NOT EQUAL 1 AND Q25B EQUALS -1 'REFUSED'; OR SHOW IF Q25B DOES NOT EQUAL 1 AND Q25A EQUALS -1 'REFUSED']

[SP]
Q26.   Would you consider the pain you've experienced in the past 7 days to be chronic, recurrent or long-lasting pain, or only aches and pains that are fleeting and minor?

Chronic pain…1
Only fleeting and minor pain…2

[SHOW IF Q26=1]
[SP]
Q27.   How long have you experienced this chronic, recurrent or long-lasting pain?

Less than 1 month…1
At least 1 month but less than 3 months…2
At least 3 months but less than 6 months…3
At least 6 months but less than 1 year…4
1 year or more…5

[SHOW IF Q26=1 'YES']
[SP, GRID ACROSS]
Q28.   Please tell us all locations where you experience chronic pain. Do you experience this pain in your:

Yes	No
1	2

A. Head (including throat, jaw or mouth)
B. Shoulder or neck
C. Back (upper or lower)
D. Left arm, hand or wrist
E. Right arm, hand or wrist
F. Left leg, knee, foot or ankle
G. Right leg, knee, foot or ankle
H. Hip/buttocks
I. Chest/breast
J. Stomach/abdomen
K. Other location

CATASTROPHIZING PAIN INSTRUMENT

[SHOW IF **Q26=1** AND ((Q8A=1 OR 2 OR 3) OR (Q8B=1 OR 2 OR 3) OR (Q8C=3 OR 4 OR 5) OR (Q8D=3 OR 4 OR 5) OR (Q9A=1 OR 2 OR 3) OR (Q9B=3 OR 4 OR 5) OR (Q9C=3 OR 4 OR 5) OR (Q10A=1 OR 2))]

[SP]
Q29.   Your answers suggest that you have experienced problems with both sleep and physical pain. To the best of your recollection, did you start to experience sleep problems before or after you started dealing with chronic, recurrent or long-lasting pain?

Sleep problems started before pain…1
Sleep problems started after pain…2
Both started about the same time…3
Don't recall…4

[SP, GRID ACROSS]
Q30.   Thinking about the last time you were in physical pain, use the following scale to indicate the degree to which you had these thoughts and feelings when you were experiencing the pain.

Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
1	2	3	4	5

A.   I felt like I couldn't stand the pain.
B.   I felt like the pain was never going to get any better.
C.   I couldn't stop thinking about how much it hurt.

[SP]
Q31.   Based on all the things you do to cope or deal with physical pain in general, how much control do you feel you have over pain:

A lot of control…1
Some control…2
Not much control…3
No control at all…4

[INSERT STANDARD CLOSE]