

ICPSR 25504

**National Health and Nutrition
Examination Survey (NHANES),
2005-2006**

*United States Department of Health and
Human Services. Centers for Disease
Control and Prevention. National Center
for Health Statistics*

NCHS Questionnaire: Sleep Disorders

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2005-06 Questionnaire

SLEEP DISORDERS – SLQ

Target Group: 16+

SLQ.010 The next set of questions are about your sleeping habits.

H/M

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

INTERVIEWER INSTRUCTION: ENTER HOURS AND MINUTES.

|_|_|_|

ENTER HOURS

CAPI INSTRUCTION: HARD EDIT: HOURS MUST EQUAL 0-24.

|_|_|_|

ENTER MINUTES

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

OR

REFUSED.....777

DON'T KNOW999

SLQ.020 How long does it usually take {you/SP} to fall asleep at bedtime?

Q/U

INTERVIEWER INSTRUCTION: ENTER HOURS AND MINUTES.

|_|_|_|

ENTER HOURS

CAPI INSTRUCTION: HARD EDIT: HOURS MUST EQUAL 0-24.

|_|_|_|

ENTER MINUTES

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

OR

REFUSED.....777

DON'T KNOW999

SLQ.030 **In the past 12 months**, how often did {you/SP} snore while {you were/s/he was} sleeping?

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.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

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.150 [In the past month, how often did {you/SP}] have leg jerks while trying 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.160 [In the past month, how often did {you/SP}] have leg cramps while trying 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.170 The purpose of this next set of questions is to find out if {you generally have/SP generally has} difficulty carrying out certain activities because {you are/s/he is} too sleepy or tired. When the words “sleepy” or “tired” are used, it means the feeling that {you/s/he} can't keep {your/his/her} eyes open, {your/his/her} head is droopy, that {you/s/he} want to “nod off” or that {you feel/s/he feels} the urge to take a nap. The words do not refer to the tired or fatigued feeling {you/she} may have after {you have/s/he has} exercised.

{Do you/Does SP} have difficulty concentrating on the things {you do/s/he does} because {you feel/s/he feels} 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.180 {Do you/Does SP} generally have difficulty remembering things, 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.190 {Do you/Does SP} have difficulty finishing a meal 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

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

CAP I 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

CAP I 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