

DIAL.SCREEN

DS1. (VERIFY IF NEEDED: "Is this (###) ### - #### ?")

(Hello, my name is _____.)

May I speak to [FNAME] ([MIDIN]) [LNAME] ?

I'm calling to do a survey about the health care needs of [Health Plan name] members. We would like to offer you \$20 for helping us out. This call will be recorded for quality control purposes.

(IWER: IF A JUNIOR AND SENIOR ARE BOTH LIVING IN THE HH, GIVE R'S AGE: [[AGE]])

(Could you help us out by participating?)

(IWER: IF NEC FOR RELUCTANT RESPONDENTS:

- > This is really an important survey
- > We're working with Professors from Harvard Medical School to analyze the survey results
- > Everything you say will be anonymous and confidential.
- > This is an opportunity for you to let doctors know about the needs of the U.S. population.)

1. CONTINUE WITH RESPONDENT
2. R HAS NEW PHONE NUMBER
3. NEVER HEARD OF R/NO NEW NUMBER FOR R
4. REFUSAL
5. SPECIFIC APPOINTMENT
6. RNA ANS MACH, GENERAL APPT, RETURN TO CS

8. R WANTS NAME ADDED TO DO NOT CALL LIST - IWER USE THIS OPTION IF R MENTIONS ANY TYPE OF LIST AFTER S/T

(MM/DD/YYYY IN QDS2 REPRESENTS THE LAST DATE ELIGIBILITY WAS VERIFIED
(DATE SAMPLE DRAWN FROM PLAN))

DS2. Has your insurance company changed since MM/DD/YYYY?

("DK" NOT ALLOWED)

1. YES -----> TERMINATE INTERVIEW
2. NO
3. DK/REFUSED -----> TERMINATE INTERVIEW

8. R WANTS NAME ADDED TO DO NOT CALL LIST

DS2. Our records indicate that you are currently a member of [Health Plan name] - Is that correct?

("DK" NOT ALLOWED)

1. YES
2. NO -----> TERMINATE INTERVIEW
3. DK/REFUSED --> TERMINATE INTERVIEW --> TERMINATE INTERVIEW

DS3. Great.

Before we begin, I need to read a statement so you know exactly what we're doing.

(IWER: READ THIS AS IF YOU ARE QUOTING.)

"This survey is being carried out by DataStat, Inc., the survey firm I work for, in collaboration with researchers from Harvard Medical School and HealthCore, to learn about the health care needs of the population. HealthCore is a health research company affiliated with [Health Plan name]. Your participation in this survey is completely voluntary and confidential. Your health plan will never know if you participated or not. Your answers and the answers of the thousands of other people participating in the survey will be combined with HealthCore claims data into an anonymous mass data file that will be used for analysis. Only the combined anonymous data will be shown in the reports to the sponsor and in publications."

You can skip any questions you don't want to answer and can stop at any time.

I'd like to begin the survey now. Is that o.k. with you?

("DK" NOT ALLOWED)

1. YES
2. NO/REFUSAL/DOES NOT WANT TO BE RECORDED --> TERMINATE INTERVIEW

INTRODUCTION

I5. (OK. So first,) how old are you?

_____ YEARS OLD
999. REFUSAL
DK

I6. (IWER: DO NOT READ - RECORD R'S GENDER)

("DK" NOT ALLOWED)

1. MALE ----> QI8
2. FEMALE

ASK PREGNANCY QUESTION ONLY IF FEMALE < 61 YRS OLD

I7. Are you currently pregnant?

1. YES
2. NO -----> QI8
9. REFUSAL --> QI8
DK -----> QI8

I7A. How many months pregnant are you?

(IWER: ROUND DOWN, fraction of 1 month = 0)

_____ NUMBER OF MONTHS
99. REFUSAL
DK

I8. Would you say your overall health is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK (DO NOT READ)

I10. Briefly, what is your most serious health problem?

[*** RECORD RESPONDENT'S ANSWER ***]

((PRESS SPACE BAR TO START RECORDING))

1. RECORDED SUCCESSFULLY

7. RECORD ANSWER AGAIN *** ERASES CURRENT RECORDING ***

D14. How tall are you?

(IWER: PLEASE ROUND DOWN TO THE NEAREST INCH)

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>

FT- FEET	< three-quarters, three-fourths = 3/4	>
IN- INCHES	< one-third = 1/3	>
	< two-thirds = 2/3	>

D15. How much do you weigh?

(IWER: PLEASE ROUND UP TO THE NEAREST POUND)

_____ WEIGHT IN POUNDS
 999. REFUSAL
 DK

CK.BMI

BMI = (weight (lb) * 703) / [height (in)]^2

IF BMI = 30+ --> BMI.FLG = 1

IF BMI < 30 --> BMI.FLG = 0

IF HEIGHT OR WEIGHT = DK OR REFUSED --> BMI.FLG = MISSING

INSOMNIA

INTRO.SL1

The next questions are about your sleep patterns.

SL1. How many nights out of 7 in a typical week do you have problems falling asleep?

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

- NUMBER OF NIGHTS IN A TYPICAL WEEK
- 0. NONE/NEVER/LESS THAN 1 ---> QSL4
- 7. EVERY NIGHT/ALL OF THEM
- DK -----> QSL4

SL3. How long does it usually take you to fall asleep on the nights you have a problem falling asleep?

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

- # _____ < one-quarter, one-fourth = 1/4 >
- DK < one-half = 1/2 >
- HR- HOURS < three-quarters, three-fourths = 3/4 >
- MI- MINUTES < one-third = 1/3 >
- < two-thirds = 2/3 >

SL4. How many nights out of 7 in a typical week do you have problems STAYING asleep throughout the night?

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

(IF NEEDED: "Please include waking up for any reason including going to the bathroom, feeding a baby, taking care of children, or taking care of a pet.")

- NUMBER OF NIGHTS IN A TYPICAL WEEK
- 0. NONE/NEVER/LESS THAN 1 ---> QSL8
- 7. EVERY NIGHT/ALL OF THEM
- DK -----> QSL8

SL5.1. How much time do you usually spend awake at night on the nights you have trouble sleeping?

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

SL6. How many times per night do you usually wake up during [that night/those [QSL4] nights]?

(IF NEEDED: "On the nights when you have a problem staying asleep, how many times do you usually wake up in the night?")

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

____ NUMBER OF TIMES YOU WAKE UP DURING THE NIGHT
 08. 8 OR MORE TIMES
 DK

SL6.1. How many times do you go to the bathroom during the night?

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

____ NUMBER OF TIMES YOU WAKE UP DURING THE NIGHT
 08. 8 OR MORE TIMES
 DK

SL7. How long does it usually take you to get back to sleep once you wake up at night?

(IF R NEVER FALLS BACK TO SLEEP, ENTER 999 MI)

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

SL8. How many mornings out of 7 in a typical week do you wake up before your alarm clock goes off?

(IWER: IF R SAYS, "I DON'T HAVE AN ALARM CLOCK" PROBE: "How many mornings (out of 7 in a typical week) do you wake up before you want to?")

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

NUMBER OF NIGHTS IN A TYPICAL WEEK
 0. NONE/NEVER/LESS THAN 1 ---> QSL11
 7. EVERY NIGHT/ALL OF THEM
 DK -----> QSL11

SL10. How much earlier than you want do you wake up on those days?

(IF NEEDED: "On the days you wake up too early, how much earlier do you wake up?")

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

SL11. How many mornings out of 7 in a typical week do you wake up still feeling tired or unrested?

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

NUMBER OF MORNINGS IN A TYPICAL WEEK
 0. NONE/NEVER/LESS THAN 1 -----> CK.SL15
 7. EVERY MORNING/ALL OF THEM
 DK -----> CK.SL15

SL13. How would you rate the severity of your problem waking up feeling tired or unrested? Would you say it's...

(READ LIST)

(IF R SAYS "IT DEPENDS", PROBE: "In general")

- 1. MILD,
- 2. MODERATE,
- 3. SEVERE, OR
- 4. VERY SEVERE?

DK (DO NOT READ)

SL13A. How long does this feeling of being tired or unrested last after you wake up?

(IWER: IF "NOT TOO LONG" OR SOME OTHER GENERAL RESPONSE, PROBE: "About how many minutes or hours?")

(IWER: IF "A FEW MINUTES" ENTER: 5 MI)

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>

HR- HOURS < three-quarters, three-fourths = 3/4 >

MI- MINUTES < one-third = 1/3 >

< two-thirds = 2/3 >

9997. AFTER PROBES - R REFUSED TO GIVE SPECIFIC ANSWER (SPECIFY)

CK.SL15: RDC EARLY INSOMNIA SX

IF QSL1 = 1-7 --> SL15.FLG = 1
ALL OTHERS --> SL15.FLG = 0

CK.SL16: RDC MIDDLE INSOMNIA SX

IF QSL4 = 1-7 --> SL16.FLG = 1
ALL OTHERS --> SL16.FLG = 0

CK.SL17: RDC LATE INSOMNIA SX

IF QSL8 = 1-7 --> SL17.FLG = 1
ALL OTHERS --> SL17.FLG = 0

CK.SL18: RDC NRS

IF QSL11 = 1-7 --> SL18.FLG = 1
ALL OTHERS --> SL18.FLG = 0

CK.SL19: 1ST PART OF RDC DEFINITION OF INSOMNIA

SL19.FLG = SUM OF SL(15,16,17,18).FLG

1. SL19.FLG = 0
(DOES NOT MEET FIRST PART OF RDC INSOMNIA) --> GO TO QSL22.4
 2. SL19.FLG = 1
(MEETS 1ST PART OF RDC INSOMNIA) --> GO TO QSL20
 3. SL19.FLG = 2+
(MEETS 1ST PART OF RDC INSOMNIA,
MULTIPLE TYPES OF INSOMNIA) --> GO TO QSL20
-

SL20. About how many nights out of 7 in a typical week do you have a problem
[(either)/falling asleep(, or)/staying asleep(, or)/waking too early(,
or)/feeling tired and unrested in the morning] ?

(IF R SAYS "IT DEPENDS", PROBE: "In general")

- NUMBER OF NIGHTS IN A TYPICAL WEEK
0. NONE/NEVER/LESS THAN 1 ---> QSL22.4
 7. EVERY NIGHT/ALL OF THEM
- DK

SL21. For how many weeks, months, or years have you had [a problem/either of these problems/at least one of these problems.] ?

(IF "DK", PROBE: "Has it gone on for at least 4 weeks?" and IF "YES", ENTER "1 MO")

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
DY- DAYS	< three-quarters, three-fourths = 3/4	>
WK- WEEKS	< one-third = 1/3	>
MO- MONTHS	< two-thirds = 2/3	>
YR- YEARS		

SL22.4. About how many hours on average do you usually sleep in a 24-hour period, including naps?

(IF R SAYS "IT DEPENDS", PROBE: "In general, on average")

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

SL22.5. About how many days out of the 7 in a week do you usually take a nap?

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

_____	NUMBER OF DAYS
0.	NONE/NEVER/NO NAPS
7.	EVERY DAY/ALL OF THEM
DK	

SL23. Did you, at any time in the past 4 weeks, take either prescription medication, over-the-counter medication, an herbal remedy, or melatonin to help you sleep?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES (YES TO ANY OF THE ABOVE)
2. NO -----> QSL26
- DK -----> QSL26

SL24. What did you take?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(IF NEEDED: "In the past 4 weeks, what prescription medication, over-the-counter medication, herbal remedy, or melatonin did you take to help you sleep?")

(IF NEEDED: "Please think about the past 4 weeks")

(IWER: DO NOT INCLUDE ALCOHOL)

01. ALPRAZOLAM (al-PRAY-zoe-lam)
02. AMBIEN (am-BE-in)
03. ADVIL PM (Ad-Vil)
04. AMBIEN CR (am-BE-in)
05. AMITRIPTYLINE (am-a-TRIP-ti-leen)

06. BENADRYL (ben-a-drill)
07. CARISOPRODOL (kar-I-SOP-roe-dal)
08. CLONAZEPAM (cloe-NA-ze-pam)
09. CLONIDINE (klon-uh-deen)
10. DIAZEPAM (dye-AZ-uh-pam)
11. DIPHENHYDRAMINE (dye-fen-hye-dra-meen)

12. LORAZEPAM (lor-AZ-uh-pam)
13. LUNESTA (loo-NES-ta)
14. MELATONIN (mel-uh-TONE-in)
15. OXAZEPAM (ox-AZ-uh-pam)
16. RESTORIL (rest-uh-ril)
17. ROZEREM (row-zare-em)

18. SERAX (seer-axe)
19. SIMPLY SLEEP
20. SONATA (so-na-ta)
21. TEMAZEPAM (tem-AZ-a-pam)
22. TIZANIDINE (tie-ZAN-I-dine)
23. TRAZADONE (Traz-uh-doan)
24. TYLENOL PM

25. UNISOM (you-ni-som)
26. VALIUM
27. XANAX (zan-axe)
28. ZOLPIDEM (zoel-pi-dem)

33. OTHER (SPECIFY ___)
- DK

(ASK SEPARATELY FOR EACH MEDICATION REPORTED)

SL25.(1-33). About how many nights out of 28, in the past 4 weeks, did you take...

[NAME OF QSL24 MEDICATION]

...to help you sleep?

_____ NIGHTS IN THE PAST 4 WEEKS

28. 28 NIGHTS/EVERY NIGHT/ALL OF THEM

DK

SL26. Did you use alcohol to help you sleep at any time in the past 4 weeks?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES

2. NO ----> CK.SL27

DK -----> CK.SL27

SL26A. About how many nights out of 28, in the past 4 weeks, did you take alcohol to help you sleep?

(IF NEEDED: "Please think about the past 4 weeks")

_____ NIGHTS IN THE PAST 4 WEEKS

28. 28 NIGHTS/EVERY NIGHT/ALL OF THEM

DK

CK.SL27:

SL27.FLG = 1 IF SL19.FLG = 1-4 AND QSL23 <> 1

--> MEETS FIRST PART OF RDC INSOMNIA AND NO SLEEP MEDS

--> GO TO INTRO.QSL28

SL27.FLG = 2 IF SL19.FLG = 1-4 AND QSL23 = 1

--> MEETS FIRST PART OF RDC INSOMNIA AND USES SLEEP MEDS

--> GO TO INTRO.QSL28

SL27.FLG = 3 IF SL19.FLG = 0 AND QSL23 = 1

--> DOES NOT MEET FIRST PART OF RDC INSOMNIA AND USES SLEEP MEDS

--> GO TO CK.SL46 (NEXT SECTION)

SL27.FLG = 4 FOR ALL OTHERS

--> DOES NOT MEET FIRST PART OF RDC INSOMNIA AND NO SLEEP MEDS

--> GO TO CK.SL46 (NEXT SECTION)

INTRO.QSL28

The next questions are about how your sleep [problem has/problems have] affected your daytime functioning in various ways over the PAST 30 DAYS.

SL(28-35). [First,/(How about)]

28. "reduced motivation"
29. "performance at work, school, or social activities"
30. "making errors or having accidents"
31. "irritability, nerves, or mood disturbance"
32. "daytime attention, concentration, or memory problems"
33. "daytime fatigue"
34. "daytime sleepiness"
35. "tension headaches or digestive problems"

?

(HOW MUCH DIFFICULTY have you had with this because of your sleep [problem/problems] over the PAST 30 DAYS?)

(Would you say...)

(READ LIST IF NECESSARY)

(IF R SAYS "IT DEPENDS", PROBE: "In general")

1. NONE,
2. MILD,
3. MODERATE, OR
4. SEVERE DIFFICULTY?

DK (DO NOT READ)

SL36A. (How about)

concerns or worries about your sleep?

(HOW MUCH DIFFICULTY do you have with this because of your sleep
[problem/problems] ?)

(Would you say...)

(READ LIST IF NECESSARY)

(IF R SAYS "IT DEPENDS", PROBE: "In general")

1. NONE,
2. MILD,
3. MODERATE, OR
4. SEVERE?

DK (DO NOT READ)

SL36B. How worried or distressed are you about your sleep problems? Would you
say...

(READ LIST)

1. NOT AT ALL,
2. A LITTLE,
3. SOMEWHAT,
4. MUCH, OR
5. VERY MUCH?

DK (DO NOT READ)

INTRO.QSL41

The next questions are about how sleep problems interfered with your
daily activities during the past 4 weeks.

SL(41-44). [Using a 0 to 10 scale, where 0 means NO INTERFERENCE and 10 means VERY SEVERE INTERFERENCE,/(Using the same 0 to 10 scale,)]

41. "what number describes how much your sleep problems interfered with your home management, like cleaning, shopping, and taking care of your home"

42. "how much did problems with your sleep interfere with your ability to work"

43. "how much did problems with your sleep interfere with your social life"

44. "how much did problems with your sleep interfere with your close personal relationships"

?

[(You can use any number between 0 and 10 to answer.)/(Again, you can use any number between 0 and 10 to answer.)]

(IF NEEDED: "0 means NO INTERFERENCE and 10 means VERY SEVERE INTERFERENCE.")

(IF NEEDED: "In general, in the past 4 weeks.")

00	01	02	03	04	05	06	07	08	09	10
NO										VERY SEVERE
INTERFERENCE										INTERFERENCE

DK

SL45A. About how many days out of 30 in the past month were you totally unable to work or carry out your other usual daily activities because of problems with your sleep?

____ NUMBER OF DAYS IN THE PAST MONTH
DK

SL45. About how many days out of 365 in the past year were you totally unable to work or carry out your other usual daily activities because of problems with your sleep?

____ NUMBER OF DAYS IN THE PAST YEAR
DK

CK.SL39:

SL39.CNT = COUNT OF RESPONSES IN THE SL28-34 SERIES CODED 3-4 PLUS
COUNT OF RESPONSE TO SL35 CODED 4 PLUS
COUNT OF RESPONSE TO SL36A CODED 3-4
COUNT OF RESPONSE TO SL36B CODED 3-5
COUNT OF RESPONSES IN THE SL41-44 SERIES CODED 7-10

IF SL39.CNT = 0
COMPUTE SL39.FLG = 1
--> GO TO CK.SL46 (NEXT SECTION)

IF SL39.CNT = 1
COMPUTE SL39.FLG = 1
--> GO TO CK.SL46 (NEXT SECTION)

IF SL39.CNT = 2 OR MORE
COMPUTE SL39.FLG = 2
--> GO TO QSL40

NOTE ABOUT RESPONSE OPTIONS IN QSL40:

SL15.FLG = 1 THEN OPTION 1 APPEARS
SL16.FLG = 1 THEN OPTION 2 APPEARS
SL17.FLG = 1 THEN OPTION 4 APPEARS
SL18.FLG = 1 THEN OPTION 5 APPEARS

SL40. If you had to pick just one, which one sleep problem would you say is most bothersome to you - the problem...

(READ LIST) (SELECT ALL THAT APPLY) (DO NOT PROBE FOR OTHERS)

(IWER: IF R SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF R INSISTS ON MULTIPLE ANSWER, SELECT ALL THAT APPLY)

1. FALLING ASLEEP,
2. STAYING ASLEEP OR NIGHTTIME WAKENINGS,

4. WAKING TOO EARLY, OR
5. FEELING TIRED AND UNRESTED IN THE MORNING?

6. NONE OF THE ABOVE (DO NOT READ)
- DK (DO NOT READ)

CK.SL46:

IF AT LEAST ONE (SL28 - SL35, SL36a, SL36b) >= 3

 COMPUTE SL46.FLG = 1

 --> GO TO CK.SL46A

IF AT LEAST ONE (SL28 - SL35, SL36a, SL36b) = 2

 COMPUTE SL46.FLG = 2

 --> GO TO CK.SL46A

IF AT LEAST ONE (SL28 - SL35, SL36a, SL36b) = 1

 COMPUTE SL46.FLG = 3

 --> GO TO CK.SL46A

ALL OTHERS

 COMPUTE SL46.FLG = 4

CK.SL46A:

IF (SL1 = 2+) AND (SL3 = 20MINS+) AND (SL39.FLG = 2)

 COMPUTE SL46a.FLG = 1

 --> GO TO CK.SL47

IF (SL4 = 2+) AND [SL6 = 2+ OR SL7 = 30MINS+] AND (SL39.FLG = 2)

 COMPUTE SL46a.FLG = 1

 --> GO TO CK.SL47

IF (SL8 = 2+) AND (SL10 = 30MINS+) AND (SL39.FLG = 2)

 COMPUTE SL46a.FLG = 1

 --> GO TO CK.SL47

IF (SL11 = 2+) and (SL13 = 2+) AND (SL39.FLG = 2)

 COMPUTE SL46a.FLG = 1

 --> GO TO CK.SL47

ALL OTHERS

 COMPUTE SL46a.FLG = 0

CK.SL47:

IF (SL19.FLG = 1,2,3, OR 4) AND (SL21 >= 28 DAYS) AND SL46.FLG = 1
 COMPUTE SL47.FLG = 1
 --> GO TO INTRO.QCC1

IF (SL19.FLG = 1,2,3, OR 4) AND (SL21 >= 28 DAYS) AND SL46.FLG = 2
 COMPUTE SL47.FLG = 2
 --> GO TO INTRO.QCC1

IF (SL19.FLG = 1,2,3, OR 4) AND (SL21 >= 28 DAYS) AND SL46.FLG = 3
 COMPUTE SL47.FLG = 3
 --> GO TO INTRO.QCC1

ALL OTHERS

COMPUTE SL47.FLG = 4
 --> GO TO INTRO.QCC1

CHRONIC CONDITIONS

INTRO.QCC1

Was there ever a time in the past 12 months when you had any of the following health problems?

CC1(A-K). [First,/(How about)]

- A. "Frequent back or neck pains"
- B. "Migraine headaches"
- C. "Other frequent or severe headaches"
- D. "Other chronic pain of any sort, such as muscle pain, joint pain, or nerve pain"
- E. "Frequent problems with diarrhea or constipation or gas"
- F. "Chronic heartburn or GERD"
- G. "Seasonal allergies or hayfever"
- H. "Urinary or bladder problems"
- I. "Problems with anxiety or nerves"
- J. "Problems feeling down on yourself or depressed"
- K. "Any other emotional problems"

?

(Was there ever a time in the past 12 months when you had this problem?)

- 1. YES
- 2. NO
- DK

INTRO.QCC4

Have you ever in your life had any of the following health problems?

ASK CC4.2 ONLY IF CC4.1 <> YES (R HAS NEVER HAD DIABETES)

CC4.(0-3). [First,/(How about)]

- 0. "arthritis"
- 1. "diabetes"
- 2. "problems with high blood sugar"
- 3. "high blood pressure"

?

(Have you ever in your life had this problem?)

- 1. YES
- 2. NO
- DK

CC5. Have you ever had chronic obstructive pulmonary disease, also known as COPD?

- 1. YES --> INTRO.QIN1
- 2. NO
- DK

CC5A. Have you ever had either chronic bronchitis, emphysema, or any other serious chronic breathing problem?

- 1. YES
- 2. NO
- DK

*****secondary comorbidity selection - start*****

INJURY

INTRO.QIN1

The next questions are going to require you to think carefully about the past 12 months.

IN1. In the past 12 months, did you have an accident, injury, or poisoning that either

put you out of commission for the rest of the day, or

that required you to get first aid or medical attention?

1. YES

2. NO ---> QSA0

DK -----> QSA0

IN2. How many accidents, injuries, or poisonings of this sort did you have in the past 12 months?

(IF NEEDED: "Please think about the past 12 months")

(IF NEEDED: "Please think about the accident, injury, or poisoning that either put you out of commission for the rest of the day, or that required you to get first aid or medical attention.")

____ NUMBER

DK

IN3. About how many days altogether, in the past 12 months, were you completely unable to work or carry out your other usual daily activities because of [this incident/these incidents] ?

(IF NEEDED: "Please think about the past 12 months")

(IF NEEDED: "Please think about the accident, injury, or poisoning that either put you out of commission for the rest of the day, or that required you to get first aid or medical attention.")

____ NUMBER OF DAYS IN PAST 12 MONTHS

000. NONE/NEVER --> QIN6

DK

IN5. About how many days in the past 4 WEEKS were you unable to work or carry out your other daily activities because of [this incident/these incidents] ?

(IF NEEDED: "Please think about the past 4 weeks")

(IF NEEDED: "Please think about the accident, injury, or poisoning that either put you out of commission for the rest of the day, or that required you to get first aid or medical attention.")

NUMBER OF DAYS IN THE PAST 4 WEEKS

00. NONE

28. 28 DAYS/EVERY DAY/ALL OF THEM

DK

IN6. [What caused your accident?/Think about your MOST SERIOUS accident, injury, or poisoning in the past 12 months. What caused that incident?]

(IF NEEDED: "For example, were you hit by a car while riding a bike, burned by a hot pot while cooking, or something else?")

[*** RECORD RESPONDENT'S ANSWER ***]

((PRESS SPACE BAR TO START RECORDING))

1. RECORDED SUCCESSFULLY

7. RECORD ANSWER AGAIN *** ERASES CURRENT RECORDING ***

IN6A. (IWER: ASK ONLY IF UNCLEAR FROM R'S ACCOUNT, PROBE: "Was this caused by a fall?")

1. YES

2. NO

DK

IN7. (IWER: ASK ONLY IF UNCLEAR FROM R'S ACCOUNT, PROBE: "Where did the incident occur?")

(SELECT ALL THAT APPLY)

01. AT HOME OR IN YOUR YARD?

02. AT SOMEONE ELSE'S HOME OR YARD?

03. AT SCHOOL OR ON A PLAYGROUND?

04. AT YOUR WORKPLACE?

05. TRAVELING TO OR FROM WORK, OR AS PART OF WORK?

06. ON THE STREET OR HIGHWAY WHEN NOT TRAVELING FOR WORK?

07. IN A PUBLIC SPACE LIKE A SIDEWALK OR BUILDING?

08. ON A FARM OR AGRICULTURAL AREA?

09. IN A PLACE OF RECREATION OR SPORTS? (DO NOT INCLUDE SCHOOL)

10. ANYWHERE ELSE? (SPECIFY ____)

DK (DO NOT READ)

IN8. (IWER: ASK ONLY IF UNCLEAR FROM R'S ACCOUNT, PROBE: "What kind of injury did you sustain?")

(SELECT ALL THAT APPLY)

01. BROKEN OR DISLOCATED BONES?
02. A SPRAIN, STRAIN, OR A PULLED MUSCLE?
03. CUTS, SCRAPES, OR PUNCTURE WOUNDS?
04. A HEAD INJURY OR CONCUSSION?
05. A BRUISE, CONTUSION, OR INTERNAL BLEEDING?
06. A BURN OR SCALD?
07. POISONING FROM CHEMICALS, MEDICINES, OR DRUGS?
08. RESPIRATORY PROBLEM SUCH AS BREATHING, COUGH, PNEUMONIA?
09. ANYTHING ELSE? (SPECIFY ____)

DK (DO NOT READ)

 SUBSTANCE USE

SA0. About how many days out of 7 in a typical week do you drink coffee or other caffeinated beverages to help get you through the day?

(IWER: Respondents saying `0' or `Never' should be coded as `0'. Respondents volunteering less than once a week with responses such as 'once a month', 'once in a while', 'rarely' but not at least once a week should be coded as `9'.)

(IWER: IF R GIVES A RANGE OR SAYS "IT DEPENDS", PROBE: "In general")

(IWER: IF A RANGE IS STILL GIVEN AFTER PROBE, ENTER THE LOWER NUMBER)

NUMBER OF DAYS IN A TYPICAL WEEK
 0. NONE/NEVER/LESS THAN 1
 7. EVERY DAY/ALL OF THEM
 9. LESS THAN ONCE A WEEK/ONCE A MONTH/ONCE IN A WHILE/RARELY (VOLUNTEERED)
 DK

SA1. Do you smoke cigarettes?

1. YES
 2. NO (SMOKE SOMETHING ELSE/I DON'T SMOKE) --> QSA2
 DK -----> QSA2

SA1A. About how many cigarettes do you smoke a day?

NUMBER OF CIGARETTES PER DAY
 010. 1/2 PACK = 10
 020. 1 PACK = 20
 040. 2 PACKS = 40
 DK

SA2. About how often do you have at least one drink of alcohol? Would you say...

(READ LIST)

1. MOST EVERY DAY, -----> QSA2B
 2. A FEW DAYS A WEEK, -----> QSA2B
 3. ONE OR TWO DAYS A WEEK, OR -----> QSA2B
 4. LESS OFTEN?
 5. I DO NOT DRINK (DO NOT READ)
 9. REFUSAL (DO NOT READ)
 DK (DO NOT READ)

SA2A. Did you ever have a time in your life when you drank at least once a week?

1. YES
2. NO
- DK

GO TO QSA3

SA2B. About how many drinks, on average, do you usually have on days you drink?

(IF R SAYS "IT VARIES", PROBE: "What's the average number of drinks?")

____ NUMBER
DK

SA3. About how often do you use marijuana or hashish? Would you say...

(READ LIST)

1. MOST EVERY DAY, -----> CK.SA4
2. A FEW DAYS A WEEK, -----> CK.SA4
3. ONE OR TWO DAYS A WEEK, --> CK.SA4
4. LESS OFTEN, OR -----> CK.SA4
5. NEVER?
9. REFUSAL (DO NOT READ)
- DK (DO NOT READ)

SA3A. Did you ever in your life have a time when you regularly used either marijuana, hashish, or any other illegal drug?

1. YES
2. NO
- DK

CK.SA4:

1. (QSA2 = 1-3 OR QSA2A = 1) AND (QSA3 <> 1-4 AND QSA3A <> 1)
(USED ALCOHOL BUT NOT DRUGS)
--> SA4.FLG = 1
2. (QSA2 <> 1-3 AND QSA2A <> 1) AND (QSA3 = 1-4 OR QSA3A = 1)
(USED DRUGS BUT NOT ALCOHOL)
--> SA4.FLG = 2
3. (QSA2 = 1-3 OR QSA2A = 1) AND (QSA3 = 1-4 OR QSA3A = 1)
(USED ALCOHOL AND DRUGS)

--> SA4.FLG = 3

4. ALL OTHERS --> GO TO INTRO.E1 (NEXT SECTION)

SA5. Think about the time in your life when you [drank/used drugs/drunk or used drugs] most frequently. How often during that time did your [alcohol/drug/alcohol or drug] use or being [hung over/high/hung over or high] interfere with your daily activities at work or home? Would you say...

(READ LIST)

1. OFTEN,
2. SOMETIMES,
3. RARELY, OR
4. NEVER?

DK (DO NOT READ)

SA6. How often during that time did your [alcohol/drug/alcohol or drug] use cause arguments or other problems with your family, friends, neighbors, or co-workers? Would you say...

(READ LIST)

1. OFTEN,
2. SOMETIMES,
3. RARELY, OR
4. NEVER?

DK (DO NOT READ)

SA7. How often during that time were you under the influence of [alcohol/drugs/alcohol or drugs] in situations where you could have gotten hurt, like when driving or operating a machine? Would you say...

(READ LIST)

1. OFTEN,
2. SOMETIMES,
3. RARELY, OR
4. NEVER?

DK (DO NOT READ)

CK.SA8:

1. (QSA5 = 1-2 OR QSA6 = 1-2 OR QSA7 = 1-2) AND (QSA2 = 1-3 OR QSA3 = 1-4)
--> SA8.FLG = 1
 2. ALL OTHERS --> GO TO INTRO.E1 (NEXT SECTION)
-

SA9. How often in the PAST 12 MONTHS have you had any problems like those in the last few questions because of your [drinking/drug use/drinking or drug use] ? Would you say...

(READ LIST)

(IWER: IF NECESSARY, CLARIFY: "The last few questions referred to your [alcohol/drug/alcohol or drug] use or being [hung over/high/hung over or high] interfering with your daily activities at work or home, or causing arguments or other problems with your family, friends, neighbors, or co-workers, or being under the influence in situations where you could have gotten hurt, like when driving or operating a machine.")

1. OFTEN,
2. SOMETIMES,
3. RARELY, OR
4. NEVER?

DK (DO NOT READ)

EMOTIONS (GAD7/QIDS)

INTRO.E1

How often in the PAST 4 WEEKS were you bothered by each of the following problems with your nerves or emotions...

E(1-7). [First,/(How about)]

- 1. "Feeling nervous, anxious or on edge"
- 2. "Not being able to stop or control worrying"
- 3. "Having trouble relaxing"
- 4. "Worrying too much about different things"
- 5. "Being so restless that it was hard to sit still"
- 6. "Becoming easily annoyed or irritable"
- 7. "Feeling afraid as if something awful might happen"

?

(In the PAST 4 WEEKS, how often have you been bothered by this?)

(Would you say...)

(READ LIST IF NECESSARY)

(IF NEEDED: "Please think about the LAST 4 WEEKS.")

- 1. NOT AT ALL, (NEVER)
- 2. SEVERAL DAYS, (COUPLE DAYS/FEW DAYS)
- 3. MORE THAN HALF THE DAYS, OR
- 4. NEARLY EVERY DAY? (EVERY DAY)

DK (DO NOT READ)

E8. During the past 4 weeks, how often did you feel sad?

Would you say...

(READ LIST)

- 1. NEVER, -----> QE9
- 2. LESS THAN HALF THE TIME,
- 3. MORE THAN HALF THE TIME, OR
- 4. NEARLY ALL THE TIME?

DK (DO NOT READ) -----> QE9

E8.1. During the past 4 weeks, how often did you feel so sad that nothing could cheer you up?

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NEVER,
- 2. LESS THAN HALF THE TIME,
- 3. MORE THAN HALF THE TIME, OR
- 4. NEARLY ALL THE TIME?

DK (DO NOT READ)

E9. During the past 4 weeks, how much of the time did you lose interest in people or activities that used to interest you?

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NEVER, -----> CK.E10
- 2. LESS THAN HALF THE TIME,
- 3. MORE THAN HALF THE TIME, OR
- 4. NEARLY ALL THE TIME?

DK (DO NOT READ) -----> CK.E10

E9.1. During the time you lost your usual amount of interest in things, how MUCH was your interest reduced?

Would you say...

(READ LIST)

- 1. A LITTLE, -----> CK.E10
- 2. SOME,
- 3. A LOT, OR
- 4. ALMOST ENTIRELY?

DK (DO NOT READ) -----> CK.E10

E9.2. How many activities did you lose interest in during this time?

Would you say...

(READ LIST)

- 1. ONLY ONE OR TWO,
- 2. SEVERAL,
- 3. MOST, OR
- 4. VIRTUALLY EVERYTHING?

DK (DO NOT READ)

CK.E10:

IF (QE8 = 1 OR DK) AND [(QE9 = 1 OR DK) OR (QE9.1 = 1) OR (QE9.2 = 1)] AND
EVERY RESPONSE IN THE QE1-7 SERIES = 1 OR DK

--> E10.FLG = 1

--> GO TO NEXT SECTION

IF (QE8 = 1 OR DK) AND [(QE9 = 1 OR DK) OR (QE9.1 = 1) OR (QE9.2 = 1)] AND
AT LEAST ONE RESPONSE IN QE1-7 SERIES = 2-4

--> E10.FLG = 2

--> GO TO QE18

ALL OTHERS

--> E10.FLG = 3

--> GO TO QE11

E11. During the past 4 weeks, how often did you feel "down on yourself" or
"self blaming"?

(Would you say...)

(READ LIST IF NECESSARY)

1. NEVER,
2. LESS THAN HALF THE TIME,
3. MORE THAN HALF THE TIME, OR
4. NEARLY ALL THE TIME? -----> QE12

DK (DO NOT READ)

E11.1. How often did you feel "less worthwhile" than other people?

(Would you say...)

(READ LIST IF NECESSARY)

1. NEVER,
2. LESS THAN HALF THE TIME,
3. MORE THAN HALF THE TIME, OR
4. NEARLY ALL THE TIME? -----> QE12

DK (DO NOT READ)

 CK.E11.2:

IF (QE11 = 2 OR 3) OR (QE11.1 = 2 OR 3)
 --> E11.2.FLG = 1
 --> GO TO QE11.3

ALL OTHERS
 --> E11.2.FLG = 2
 --> GO TO QE12

E11.3. During the past 4 weeks, did you largely believe that you caused problems for others?

1. YES
2. SOMETIMES (VOLUNTEERED)
3. NO
- DK

E12. During the past 4 weeks, was your appetite...

(READ LIST)

1. BIGGER THAN USUAL,
2. SMALLER THAN USUAL, OR -----> QE12.3
3. ABOUT THE SAME AS USUAL? -----> QE13
4. BIGGER SOMETIMES AND SMALLER OTHER
 TIMES (DO NOT READ) (VOLUNTEERED) --> QE13
 DK (DO NOT READ) -----> QE13

E12.1. During the past 4 weeks, did you regularly eat more often or greater amounts of food than usual?

1. YES (EITHER MORE OFTEN OR GREATER AMT)
2. NO (NEITHER) -----> QE13
- DK -----> QE13

E12.2. Did you feel DRIVEN to over-eat BOTH at mealtime and between meals?

1. YES (BOTH) -----> QE13
2. NO (ONLY AT MEALTIME/ONLY BETWEEN MEALS) --> QE13
- DK -----> QE13

E12.3. Would you say that you ate only...

(READ LIST)

1. SOMEWHAT LESS THAN USUAL, OR -----> QE13
2. A LOT LESS THAN USUAL AND ONLY WITH PERSONAL EFFORT?
- DK (DO NOT READ) -----> QE13

E12.4. Some people have such serious appetite loss that they only eat when they FORCE THEMSELVES to, or when other people persuade them to eat. Was your appetite loss over the past 4 weeks as serious as that?

1. YES
2. NO
- DK

E13. During the past 4 weeks, did your weight...

(READ LIST)

1. INCREASE,
2. DECREASE, OR
3. STAY ABOUT THE SAME? -----> QE14
4. BOTH INCREASE AND DECREASE (DO NOT READ) (VOLUNTEERED) --> QE14
- DK (DO NOT READ) -----> QE14

E13.1. How many pounds did you [GAIN/LOSE]?

- _____ WEIGHT IN POUNDS
999. REFUSAL
 - DK

E14. During the past 4 weeks, did you have any decrease in your usual ability to CONCENTRATE or MAKE DECISIONS?

1. YES
2. NO ---> QE15
- DK -----> QE15

E14.1. Did you have to struggle most of the time to focus your attention or to make decisions?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES (BOTH/EITHER ONE)
2. SOMETIMES (VOLUNTEERED) --> QE15
3. NO (NEITHER) -----> QE15
- DK -----> QE15

E14.2. Some people have such serious concentration problems that they can't read a newspaper or make even minor decisions. Were your concentration problems over the past 4 weeks that serious?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES (BOTH/EITHER ONE)
2. SOMETIMES (VOLUNTEERED)
3. NO (NEITHER)
- DK

E15. During the past four weeks, did you get tired more easily than usual?

1. YES
2. NO ---> QE16
- DK -----> QE16

E15.1. Did you have to make a big effort to carry out your daily activities, like going to work or shopping?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES (SOMETIMES)
2. NO -----> QE16
- DK -----> QE16

E15.2. Some people have such serious problems with energy that they cannot carry out most of their usual daily activities. Were your energy problems THAT SERIOUS during the past 4 weeks?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES
2. SOMETIMES (VOLUNTEERED)
3. NO
- DK

E16. During the past 4 weeks, was your thinking SLOWED DOWN?

1. YES
2. NO ---> QE17
- DK -----> QE17

E16.1. Was your thinking SO SLOWED DOWN that it took you several seconds to respond to most questions?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES
2. NO ---> QE17
- DK -----> QE17

E16.2. During the past 4 weeks, were you often unable to respond to questions without EXTREME EFFORT?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES
2. NO
- DK

E17. During the past 4 weeks, were you often restless or fidgety?

1. YES (BOTH/EITHER)
 2. NO (NEITHER)
- DK

E17.1. Did you often wring your hands or have to shift how you were sitting?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES (BOTH/EITHER)
 2. NO (NEITHER)
- DK

E17.2. Did you sometimes feel like you couldn't sit still and had to move around?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES
 2. NO ---> QE18
- DK -----> QE18

E17.3. Were you so restless at times that you were unable to stay seated and needed to pace around?

(IF NEEDED: "Please think about the past 4 weeks")

1. YES
 2. NO
- DK

E18. During the past 4 weeks, how much did problems with your nerves or emotions make it difficult for you to do your work, take care of things at home, or get along with people? Would you say...

(READ LIST)

1. NOT AT ALL DIFFICULT,
2. SOMEWHAT,
3. VERY MUCH, OR
4. EXTREMELY DIFFICULT?

DK (DO NOT READ)

ROLE FUNCTIONING (SF-12 AND SHEEHAN DISABILITY SCALE)

RF(1-2). How much does your health limit you in

1. "moderate physical activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf"

2. "being able to climb SEVERAL flights of stairs"

?

Would you say A LOT, A LITTLE, or NO LIMITATION AT ALL?

1. A LOT

2. A LITTLE

3. NO LIMITATION

4. CANNOT DO (VOLUNTEERED)

DK

INTRO.QRF3

How often, in the past 4 weeks, did you have each of the following experiences...

RF(3-10). [First,/(How about)]

3. "you had a lot of energy?"
4. "you felt calm and peaceful?"
5. "you felt downhearted and depressed?"
6. "your physical health or emotional problems interfered with your social activities, like visiting friends and relatives?"
7. "you accomplished less than you would like at work or your other regular daily activities as a result of your physical health?"
8. "you accomplished less than you would like at work or your other regular daily activities as a result of EMOTIONAL problems?"
9. "you were limited in the kind of work or other activities you could do as a result of your physical health?"
10. "you did your work or other activities less carefully than usual because of EMOTIONAL problems?"

(In the past 4 weeks, how often did this happen?)

(Would you say...)

(READ LIST IF NECESSARY)

1. ALL OF THE TIME,
2. MOST OF THE TIME,
3. SOME OF THE TIME,
4. A LITTLE OF THE TIME, OR
5. NONE OF THE TIME? (NO/NEVER)

DK (DO NOT READ)

RF11. How much, during the past 4 weeks, did PAIN interfere with your normal work, including both work outside the home and housework? Would you say...

(READ LIST)

1. NOT AT ALL,
2. A LITTLE BIT,
3. MODERATELY,
4. QUITE A BIT, OR
5. EXTREMELY?

DK (DO NOT READ)

RF16A. About how many days out of 30 in the past month were you totally unable to work or carry out your other usual daily activities because of problems with your physical or mental health?

____ NUMBER OF DAYS IN THE PAST MONTH
DK

RF16. About how many days out of 365 in the past year were you totally unable to work or carry out your other usual daily activities because of problems with your physical or mental health?

____ NUMBER OF DAYS IN THE PAST YEAR
DK

 BERLIN QNAIRE

INTRO.QBQ1

Now I am going to ask you some questions about snoring.

BQ1. First, do you snore?

1. YES (SOMETIMES)
2. NO -----> QBQ5
- DK -----> QBQ5

 CK.BQ1.1: IF R HAS

NO INSOMNIA (SL46a.FLG <> 1) AND
 NOT IN HALF-SAMPLE B AND
 NOT IN SLEEP APNEA SAMPLE AND
 NOT BMI.FLG = 1 AND
 NOT 65+ YEARS OLD AND
 COMORBIDITY.CODE = NONE
 --> GO TO QBQ5

BQ1.2. How loudly do you snore? Would you say...

(READ LIST)

1. AS LOUD AS BREATHING,
2. AS LOUD AS TALKING,
3. LOUDER THAN TALKING, OR
4. SO LOUD THAT IT CAN BE HEARD IN ADJACENT ROOMS?

DK (DO NOT READ)

BQ2. How often do you snore? Would you say...

(READ LIST)

1. NEARLY EVERY NIGHT, (EVERY NIGHT)
2. 3 OR 4 NIGHTS A WEEK, (12-16 TIMES/MONTH)
3. 1 OR 2 NIGHTS A WEEK, (FEW/4-8 TIMES/MONTH)
4. 1 OR 2 NIGHTS A MONTH, OR
5. LESS THAN ONE NIGHT A MONTH?

DK (DO NOT READ)

 CK.BQ3: R NOT IN SLEEP APNEA SAMPLE --> GO TO QBQ5

BQ4. Has your snoring ever bothered other people?

1. YES
2. NO
- DK

BQ5. When you sleep, how often do you have pauses in your breathing? Would you say...

(READ LIST)

1. NEARLY EVERY NIGHT, (EVERY NIGHT)
2. 3 OR 4 NIGHTS A WEEK, (12-16 TIMES/MONTH)
3. 1 OR 2 NIGHTS A WEEK, (FEW/4-8 TIMES/MONTH)
4. 1 OR 2 NIGHTS A MONTH, OR
5. LESS THAN ONE NIGHT A MONTH?
6. NEVER (DO NOT READ) (VOLUNTEERED)
- DK (DO NOT READ)

 CK.BQ6.1: IF R HAS

NO INSOMNIA (SL46a.FLG <> 1) AND
 NOT IN HALF-SAMPLE B AND
 NOT IN SLEEP APNEA SAMPLE AND
 NOT BMI.FLG = 1 AND
 NOT 65+ YEARS OLD AND
 COMORBIDITY.CODE = NONE
 --> GO TO QRL1 (NEXT SECTION)

BQ7. How often are you tired or fatigued after you wake? Would you say...

(READ LIST)

1. NEARLY EVERY MORNING,
2. 3 OR 4 MORNINGS A WEEK,
3. 1 OR 2 MORNINGS A WEEK,
4. 1 OR 2 MORNINGS A MONTH, OR
5. LESS THAN 1 MORNING A MONTH?
- DK (DO NOT READ)

BQ8. How often do you feel tired or fatigued DURING THE DAY? Would you say...

(READ LIST)

1. NEARLY EVERY DAY,
2. 3 OR 4 DAYS A WEEK,
3. 1 OR 2 DAYS A WEEK,
4. 1 OR 2 DAYS A MONTH, OR
5. LESS THAN 1 DAY A MONTH?

DK (DO NOT READ)

BQ9. Have you ever nodded off or fallen asleep while driving a vehicle?

1. YES
2. NO ----> GO TO QRL1 (NEXT SECTION)
- DK -----> GO TO QRL1 (NEXT SECTION)

BQ9A. How often does this happen? Would you say...

(READ LIST)

(IF NEEDED: "How often have you nodded off or fallen asleep while driving a vehicle?")

1. NEARLY EVERY DAY,
2. 3 OR 4 DAYS A WEEK,
3. 1 OR 2 DAYS A WEEK,
4. 1 OR 2 DAYS A MONTH, OR
5. LESS THAN 1 DAY A MONTH?

DK (DO NOT READ)

RESTLESS LEGS SYNDROME QNAIRE - SIMPLIFIED

RL1. In the past 12 months, while sitting or lying down, have you ever had the urge to move your legs?

1. YES
2. NO ---> GO TO INTRO.FSS (NEXT SECTION)
- DK -----> GO TO INTRO.FSS (NEXT SECTION)

RL2. When is this urge to move your legs the WORST? Is it when you're...

(READ LIST) (SELECT ALL THAT APPLY) (DO NOT PROBE FOR OTHERS)

1. MOVING AROUND,
2. STANDING,
3. SITTING, OR
4. LYING DOWN?

5. NONE OF THE ABOVE (DO NOT READ)
- DK (DO NOT READ)

CK.RL3:

1. (QRL2 = 3 OR 4) AND (QRL2 <> 1,2) --> GO TO CK.RL3A
 2. ALL OTHERS --> GO TO INTRO.FSS (NEXT SECTION)
-

CK.RL3A: IF R HAS

NO INSOMNIA (SL46a.FLG <> 1) AND
NOT IN HALF-SAMPLE B AND
NOT BMI.FLG = 1 AND
NOT 65+ YEARS OLD AND
COMORBIDITY.CODE = NONE
--> GO TO INTRO.FSS (NEXT SECTION)

RL4. Does the urge to move your legs improve if you get up and start walking?

1. YES
2. NO ---> GO TO INTRO.FSS (NEXT SECTION)
- DK -----> GO TO INTRO.FSS (NEXT SECTION)

RL5. Out of the following 4 situations, when is the urge to move your legs MOST likely to occur?

(READ LIST) (SELECT ALL THAT APPLY) (DO NOT PROBE FOR OTHERS)

1. 1ST, WHEN YOU ARE RESTING, SITTING, OR LYING DOWN?
2. 2ND, WHEN YOU ARE EXERCISING OR JUST STOPPED EXERCISING?
3. 3RD, WHEN YOU ARE STANDING OR WALKING? OR
4. 4TH, WHEN YOU ARE HAVING A LEG CRAMP OR "CHARLIE HORSE"?
5. NONE OF THE ABOVE (DO NOT READ)
- DK (DO NOT READ)

 CK.RL6:

1. (QRL5 = 1) AND (QRL5 <> 2-4) --> GO TO QRL7
 2. ALL OTHERS --> GO TO INTRO.FSS (NEXT SECTION)
-

RL7. If you had to pick only one time, when would you say the urge to move your legs is the worst? Is it...

(READ LIST)

1. IN THE DAYTIME,
2. THE EVENING,
3. AT BEDTIME, OR
4. AT NIGHT?
5. NONE OF THE ABOVE (DO NOT READ)
- DK (DO NOT READ)

 CK.RL8:

1. (QRL7 = 2-4) --> GO TO QRL9
 2. ALL OTHERS --> GO TO INTRO.FSS (NEXT SECTION)
-

RL9. About how many days out of 28, in the past 4 weeks, did you have an urge to move your legs?

- _____ NUMBER OF DAYS IN THE PAST 4 WEEKS
00. NONE/NEVER
 28. 28 DAYS/EVERY DAY/ALL OF THEM
 - DK

CK.RL10: IF QRL9 <> 5-28 --> GO TO INTRO.FSS (NEXT SECTION)

RL11. How bothersome is this urge to move your legs when you have it? Would you say...

(READ LIST)

1. NOT AT ALL, -----> GO TO INTRO.FSS (NEXT SECTION)
2. A LITTLE, -----> GO TO INTRO.FSS (NEXT SECTION)
3. SOME,
4. A LOT, OR
5. EXTREMELY BOTHERSOME?

DK (DO NOT READ)

RL12. About how old were you when you first started having an urge to move your legs more often than once a week?

____ YEARS OLD
99. NEVER HAD MORE THAN ONCE A WEEK
DK

FATIGUE SEVERITY SCALE (MODIFIED)

INTRO.FSS

The next questions are about being fatigued or easily tired during the past 4 weeks.

FSS1. How often during that time did you feel fatigued or easily tired? Would you say...

(READ LIST)

(IF NEEDED: "Please think about the past 4 weeks.")

1. ALL OF THE TIME,
2. MOST OF THE TIME,
3. SOME OF THE TIME,
4. A LITTLE OF THE TIME, OR
5. NONE OF THE TIME? -----> GO TO QEP1 (NEXT SECTION)

DK (DO NOT READ)

FSS1A. Would you say that fatigue is among the three most disabling health problems you have?

1. YES
2. NO
3. DK/REF

FSS(2-3). How much did fatigue interfere with...

2. "your work, family, or social life"

3. "your PHYSICAL functioning"

?

(Over the past 4 weeks?)

(Would you say...)

(READ LIST IF NECESSARY)

1. A LOT,
2. SOME,
3. A LITTLE, OR
4. NOT AT ALL?

DK (DO NOT READ)

CK.FSS4:

1. IF (QFSS1 = 4 AND QFSS1A <> 1 AND QFSS2 = 4 AND QFSS3 = 4)
PICK A RANDOM 10% TO GO TO FSS5,
OTHER 90% GO TO NEXT SECTION
 2. IF R HAS NO INSOMNIA (SL46a.FLG <> 1) AND
R NOT IN HALF-SAMPLE B
--> GO TO QEP1 (NEXT SECTION)
-

FSS5. How much did exercise bring on your fatigue?

(Over the past 4 weeks)

(Would you say...)

(READ LIST)

1. A LOT,
2. SOME,
3. A LITTLE, OR
4. NOT AT ALL?

DK (DO NOT READ)

FSS(6-9). How much did fatigue...

6. "cause frequent problems for you"

7. "reduce your motivation to do things"

8. "prevent sustained physical functioning"

9. "prevent you from carrying out some of your duties or responsibilities"

?

(Over the past 4 weeks)

(Would you say...)

(READ LIST)

1. A LOT,
2. SOME,
3. A LITTLE, OR
4. NOT AT ALL?

DK (DO NOT READ)

EPWORTH SLEEPINESS SCALE (MODIFIED)

EP1. During the past 4 weeks, did you ever doze off or fall asleep during the day, such as when you were watching TV, reading, or relaxing?

1. YES
 2. ONCE OR TWICE (VOLUNTEERED)
 3. NO (NEVER) -----> GO TO CK.GERS1 (NEXT SECTION)
- DK

INTRO.EP2

During the past 4 weeks, what was the chance that you dozed off or fell asleep in each of the following situations - NO chance at all, a SLIGHT chance, a MODERATE chance, or a HIGH chance.

EP2(A-D). [First,/(How about)]

- A. "while sitting and reading?"
- B. "while watching TV?"
- C. "while sitting quietly after lunch without alcohol?"
- D. "while sitting inactive in a theatre, meeting, or public place?"

(What was your chance of dozing off in that situation? Would you say...)

(READ LIST IF NECESSARY)

(IF R DOESN'T DO THIS/NEVER HAPPENS, PROBE: "In general, if you did this, when do you think it would happen?")

(IF NEEDED: "Please think about the past 4 weeks.")

1. NO CHANCE AT ALL, (NEVER/WOULD NEVER DOZE)
2. A SLIGHT CHANCE,
3. A MODERATE CHANCE, OR
4. A HIGH CHANCE?

DK (DO NOT READ)

CK.EP3: IF R HAS

NO INSOMNIA (SL46a.FLG <> 1) AND
NOT IN HALF-SAMPLE B
--> GO TO CK.GERS1 (NEXT SECTION)

EP4(E-H). (How about)

- E. "while sitting and talking to someone?"
- F. "while stopped for a few minutes in traffic while driving?"
- G. "while being a passenger in a car on a drive that has gone on for an hour or longer?"
- H. "while lying down to rest in the afternoon when circumstances permit?"

(What was your chance of dozing off in that situation? Would you say...)

(READ LIST IF NECESSARY)

(IF R DOESN'T DO THIS/NEVER HAPPENS, PROBE: "In general, if you did this, when do you think it would happen?")

(IF NEEDED: "Please think about the past 4 weeks.")

- 1. NO CHANCE AT ALL, (NEVER/WOULD NEVER DOZE)
- 2. A SLIGHT CHANCE,
- 3. A MODERATE CHANCE, OR
- 4. A HIGH CHANCE?

DK (DO NOT READ)

NOCTURNAL GERD SYMPTOM SCREENING SCALE

CK.GERS1:

IF R IN GERD SAMPLE
--> GO TO QEM1 (NEXT SECTION)

GERS2. About how many days or nights out of 28, in the past 4 weeks, did you have any problems at all with heartburn, acid reflux, or gastroesophageal (gas-tro-eh-sof-O-jeel) reflux disease, also known as GERD?

(IF NEEDED: "Please think about the past 4 weeks.")

NUMBER OF DAYS IN THE PAST 4 WEEKS
00. NONE/NEVER/DON'T HAVE GERD -----> GO TO QEM1 (NEXT SECTION)
28. 28 DAYS/EVERY DAY/ALL OF THEM
DK

CK.GERS3:

IF R HAS NO INSOMNIA (SL46a.FLG <> 1) AND
R NOT IN HALF-SAMPLE B
--> GO TO QEM1 (NEXT SECTION)

INTRO.GERS4

How severe has each of the following symptoms of heartburn or reflux been in the past 4 weeks - NONE, MILD, MODERATE, SEVERE, or VERY SEVERE.

GERS4(A-D). [First,/(How about)]

- A. "Heartburn rising in your chest or throat after going to bed at night."
- B. "Regurgitation (re-ger-juh-TAY-shun) or reflux acid or liquid from your stomach coming up into your throat after going to bed at night."
- C. "Feeling sick to your stomach as if you were going to vomit or throw up after going to bed at night."
- D. "Burping or belching after going to bed at night."

(How severe has this been in the past 4 weeks?)

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NOT AT ALL SEVERE,
- 2. MILD,
- 3. MODERATE,
- 4. SEVERE, OR
- 5. VERY SEVERE?

DK (DO NOT READ)

CK.GERS5: IF QGERS4(A-D) ALL = 1 --> GO TO QEM1 (NEXT SECTION)

INTRO.GERS6

How often did you have each of the following problems because of heartburn or reflux, in the past 4 weeks - NONE of the time, a LITTLE of the time, SOME of the time, a GOOD BIT of the time, MOST of the time, or ALL of the time.

GERS6(A-C). [First,/(How about)]

- A. "Trouble falling asleep."
- B. "Waking up at night."
- C. "Waking up in the morning feeling tired."

(How often did this happen in the past 4 weeks because of your heartburn or reflux?)

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NONE, (NEVER)
- 2. A LITTLE,
- 3. SOME,
- 4. A GOOD BIT,
- 5. MOST, OR
- 6. ALL OF THE TIME? (ALWAYS)

DK (DO NOT READ)

EMPLOYMENT

EM1. Are you ...

(READ LIST) (SELECT ALL THAT APPLY)

01. EMPLOYED,
 02. SELF-EMPLOYED,
 03. UNEMPLOYED AND LOOKING FOR WORK,
 04. DISABLED, (ON DISABILITY)
 05. A STUDENT,
 06. A HOMEMAKER, (STAY-AT-HOME MOM/HOUSEWIFE)
 07. RETIRED, OR
 08. SOMETHING ELSE? (SPECIFY: ____)

 09. TEMPORARILY LAID OFF (DO NOT READ) (VOLUNTEERED)
 10. MATERNITY LEAVE (DO NOT READ) (VOLUNTEERED)
 11. ILLNESS /SICK LEAVE (DO NOT READ) (VOLUNTEERED)
 12. UNEMPLOYED BUT NOT LOOKING FOR WORK (DO NOT READ) (VOLUNTEERED)
- DK

IF QEM1 = 04 --> GO TO CK.EM3
IF QEM1 = 01,02 --> GO TO CK.EM6
IF QEM1 = 03,05-10,DK --> GO TO CK.COG
ASK QEM2 ONLY IF QEM1 = 12

EM2. Are you disabled?

1. YES
2. NO ---> CK.COG
- DK -----> CK.COG

CK.EM3: ASK QEM(3-5) ONLY IF(QEM1 = 04,11) OR (QEM2 = 1)
ALL OTHERS --> GO TO CK.EM6

EM3. How long have you been [on sick leave/disabled] ?

- # _____ < one-quarter, one-fourth = 1/4 >
- DK < one-half = 1/2 >
- DY- DAYS < three-quarters, three-fourths = 3/4 >
- WK- WEEKS < one-third = 1/3 >
- MO- MONTHS < two-thirds = 2/3 >
- YR- YEARS

EM4. Was your [illness/disability] caused by a work-related accident or injury?

- 1. YES
- 2. NO
- DK

EM5. Briefly, what happened? What kind of [illness/disability] do you have?

[*** RECORD RESPONDENT'S ANSWER ***]

((PRESS SPACE BAR TO START RECORDING))

- 1. RECORDED SUCCESSFULLY
- 7. RECORD ANSWER AGAIN *** ERASES CURRENT RECORDING ***

 CK.EM6: IF R IS DISABLED (QEM1 = 4 OR QEM2 = 1) AND NOT
 EMPLOYED (QEM1 = 1 OR QEM1 = 2) --> GO TO CK.COG

EM7. What is your occupation on your main job?

(IWER: IF R SAYS 'I work at more than one job', PROBE: "Tell me about the job where you work the most hours.")

[*** RECORD RESPONDENT'S ANSWER ***]

((PRESS SPACE BAR TO START RECORDING))

1. RECORDED SUCCESSFULLY

7. RECORD ANSWER AGAIN *** ERASES CURRENT RECORDING ***

EM7A. (IWER: GET INDIVIDUAL JOB DESCRIPTION:)

What kind of work do you do? What are your most important activities or duties?

(IWER: IF R SAYS 'I work at more than one job', PROBE: "Tell me about the job where you work the most hours.")

[*** RECORD RESPONDENT'S ANSWER ***]

((PRESS SPACE BAR TO START RECORDING))

1. RECORDED SUCCESSFULLY

7. RECORD ANSWER AGAIN *** ERASES CURRENT RECORDING ***

EM8. (IWER: GET INDUSTRY DETAIL:)

What kind of business or industry is that in?

(What do they make or do where you work? (SPECIFIC PRODUCT/ACTIVITY))

(Is this government/public or private? Wholesale or retail?)

(Is this a company that only does____, or do they make/sell/do other things as well?)

[*** RECORD RESPONDENT'S ANSWER ***]

((PRESS SPACE BAR TO START RECORDING))

1. RECORDED SUCCESSFULLY

7. RECORD ANSWER AGAIN *** ERASES CURRENT RECORDING ***

EM8.1. About how many nights in the past 12 months did your work require you to travel and be away from home overnight?

____ NUMBER OF NIGHTS IN PAST 12 MONTHS
DK

EM8.2. How many people do you personally supervise on your job?

____ NUMBER OF PEOPLE YOU PERSONALLY SUPERVISE
97. 97 OR MORE PEOPLE
DK

EM8.3. Do you usually work...

(READ LIST)

(WHITE COLLAR WORKERS OFTEN SAY THEY WORK MOSTLY DAYS BUT DO SOME PAPERWORK IN THE EVENINGS AND WEEKENDS --> ENTER "1")

1. DAYS,
2. EVENINGS,
3. NIGHTS,
4. SPLIT SHIFTS,
5. ROTATING SHIFTS, OR
6. SOME OTHER WORK SCHEDULE? (SPECIFY ____)

DK (DO NOT READ)

ASK EM8.4 ONLY IF EM8.3 = ROTATING SHIFTS

EM8.4. How many days do you stay on each shift before you rotate?

____ NUMBER OF DAYS
DK

EM9. How many hours does your employer expect you to work in a typical 7-day week?

(IF R SAYS "SELF-EMPLOYED" OR "AS LONG AS IT TAKES", PROBE: "How many hours a week does it usually take to get your work done?")

(IF R SAYS "It varies", PROBE: "On average.")

____ NUMBER OF HOURS IN PAST 7 DAYS
097. 97 OR MORE HOURS
DK

CK.EM10: IF R IS ON SICK LEAVE --> GO TO CK.COG

EM11. About how many hours altogether did you work in the past 7 days?

____ NUMBER OF HOURS IN PAST 7 DAYS
97. 97 OR MORE HOURS
DK

INTRO.QEM12

Now please think of your work experiences over the past 4 weeks.

EM(12-14). About how many days in the past 4 weeks did you...

12. "miss an ENTIRE work day because of problems with your physical or mental health?"

(IF NEEDED: 'Please include only days missed for your OWN health, not someone else's health.')

13. "miss PART of a work day because of problems with your physical or mental health?"

(IF NEEDED: 'Please include only days missed for your OWN health, not someone else's health.')

14. "come in early, go home late, or work on your day off?"

____ NUMBER OF DAYS IN THE PAST 4 WEEKS
28. 28 OR MORE DAYS
DK

EM(15A-20). [Again, thinking about the past 4 weeks,/(How about)]

- 15A. "How often was your performance HIGHER than most other workers on your job?"
- 15B. "How often was your performance LOWER than most other workers?"
- 16. "How often did you not concentrate enough on your work?"
- 17. "How often did you find yourself not working as carefully as you should?"
- 18. "How often did you do no work at times when you were supposed to be working?"
- 19. "How often did you have ANY difficulty doing minor physical activities, like walking, lifting, sitting, or doing repetitive motions?"
- 20. "How often did you have A LOT of difficulty doing minor physical activities?"

(Would you say...)

(READ LIST IF NECESSARY)

(IF NEEDED: "Please think about how often this happened at work, in the past 4 weeks.")

- 1. ALL OF THE TIME,
- 2. MOST OF THE TIME,
- 3. SOME OF THE TIME,
- 4. A LITTLE OF THE TIME, OR
- 5. NONE OF THE TIME?

DK/REFUSAL (DO NOT READ)

IF QEM15A = 1 --> GO TO QEM16
IF QEM19 = 4,5,DK --> GO TO QEM21

EM21. On a scale from 0 to 10, where 0 is the WORST job performance anyone could have at your job, and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

00	01	02	03	04	05	06	07	08	09	10
Worst										Top
Performance										Performance

DK

EM22. Using the same 0-to-10 scale, how would you rate your usual job performance, over the past year or two?

(IF NEEDED: "Please use the 0 to 10 scale, where 0 is the WORST job performance, and 10 is the performance of a top worker")

00	01	02	03	04	05	06	07	08	09	10
Worst										Top
Performance										Performance

DK

EM23. Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks?

(IF NEEDED: "Please use the 0 to 10 scale, where 0 is the WORST job performance, and 10 is the performance of a top worker")

00	01	02	03	04	05	06	07	08	09	10
Worst										Top
Performance										Performance

DK

EM24. How would you compare your overall job performance in the past 4 weeks with most other workers with a similar job? Were you...

(READ LIST)

1. A LOT BETTER than others,
2. SOMEWHAT BETTER,
3. A LITTLE BETTER,
4. ABOUT AVERAGE, (SAME/NEITHER)
5. A LITTLE WORSE,
6. SOMEWHAT WORSE, OR
7. A LOT WORSE than others?

DK (DO NOT READ)

EM25. Did you ever in the past 12 months have a workplace accident that either caused damage or work disruption with a value of \$500 or more?

- 1. YES
- 2. NO ----> QEM26
- DK -----> QEM26

EM25A. What's your best estimate of the total financial value of all the workplace accidents you had in the last 12 months?

(PLEASE ROUND UP TO THE NEAREST DOLLAR)

_____ DOLLARS
 1000000. \$1 MILLION OR MORE
 DK

EM26. [Not counting accidents, did/Did] you ever, in the past 12 months, make a big mistake at work that cost your company \$500 or more?

- 1. YES
- 2. NO ----> CK.COG
- DK -----> CK.COG

EM26A. What's your best estimate of the total financial value of all such mistakes you made in the last 12 months?

(PLEASE ROUND UP TO THE NEAREST DOLLAR)

_____ DOLLARS
 1000000. \$1 MILLION OR MORE
 DK

CONCENTRATION

CK.COG:

ASK CONCENTRATION QUESTIONS ONLY IF (18-64 YEARS OLD) AND UNEMPLOYED
ALL OTHERS --> GO TO CK.SS1

COG(1-7). [How much difficulty do you have.../(How about)]

1. "Remembering to do important things?"
2. "Remembering numbers, like a new phone number someone tells you?"
3. "Concentrating on paperwork for ten minutes or longer?"
4. "Analyzing and finding solutions to problems in day-to-day life?"
5. "Learning a new task, for example, learning how to get to a new place?"
6. "Generally understanding what people say?"
7. "Starting and maintaining a conversation?"

(IF NEEDED: "How much difficulty do you have doing this?")

(Would you say...)

(READ LIST IF NECESSARY)

1. A LOT,
2. SOME,
3. A LITTLE, OR
4. NO DIFFICULTY?

DK (DO NOT READ)

 SECONDARY SLEEP QUESTIONS

 CK.SS1:

IF SL46a.FLG = 1 --> INTRO.QSS2

SELECT RANDOM 1000 FROM
 HALF-SAMPLE A AND
 NO INSOMNIA (SL46a.FLG <> 1) AND
 IN RANDOM SAMPLE OF 10,000
 --> INTRO.QSS2

ALL OTHERS --> GO TO CP.COMORBIDITY.CODE (NEXT SECTION)

INTRO.QSS2

The next few questions are about sleep again.

SS2. About how much time do you typically spend in bed the night before a work day, including time spent watching TV, reading, talking to your partner, trying to sleep, AND SLEEPING?

(IF R SAYS LESS THAN 5 HOURS: "Please include time sleeping.")

(IF R DOES NOT WORK: "Please think about a typical weekday night.")

(IF R SAYS "IT DEPENDS", PROBE: "In general, on average")

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

SS3. About how much time do you typically spend in bed altogether on a WEEKEND night?

(IF NEEDED: "Including time spent watching TV, reading, talking to your partner, trying to sleep, and sleeping")

(IF NEEDED: "Please think about a typical Saturday night.")

(IF R SAYS "IT DEPENDS", PROBE: "In general, on average")

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

INTRO.QSS4

Let's focus on the [QSS2 hours] you spend in bed on a WEEK-night.

SS(4-6). [About how much of that time do you typically spend.../And about how many of the [QSS2 hours] do you typically spend...]

4. "either watching TV, reading, or talking to your partner"
5. "lying in bed trying to get to sleep but not sleeping"
6. "ACTUALLY sleeping"
- ?

(IF R DOES NOT WORK: "Please think about a typical weekday night.")

(IWER: IF R SAYS "NEVER" ENTER '0 HR')

(IF R SAYS "IT DEPENDS", PROBE: "On average, on a typical WORK-DAY")

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

INTRO.QSS7

Now let's focus on the [QSS3 hours] you spend in bed on a typical WEEK-END night.

SS(7-9). [About how much of that time do you typically spend.../And about how much of the [QSS3 hours] do you typically spend...]

7. "either watching TV, reading, or talking to your partner"

8. "lying in bed trying to get to sleep but not sleeping"

9. "ACTUALLY sleeping"

?

(IWER: IF R SAYS "NEVER" ENTER '0 HR')

(IF R SAYS "IT DEPENDS", PROBE: "On average, on a typical WEEKEND night")

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

SS10. How many days out of 7 in a typical week do you take a PLANNED nap?

(IF R SAYS "IT DEPENDS", PROBE: "On average")

(IF R SAYS "NEVER", ENTER 0)

____ PLANNED NAPS PER WEEK
DK

SS11. How many days out of 7 do you typically experience an UN-PLANNED nap?

(IF R SAYS "IT DEPENDS", PROBE: "On average")

(IF R SAYS "NEVER", ENTER 0)

____ UN-PLANNED NAPS PER WEEK
DK

SS14. How easily are you awakened by things in the environment, such as loud noises? Would you say...

(READ LIST)

(IF R SAYS "IT DEPENDS", PROBE: "On average")

1. VERY EASILY,
2. SOMEWHAT,
3. NOT VERY, OR
4. NOT AT ALL EASILY?

DK (DO NOT READ)

INTRO.QSS15

The next question is about how much your sleep problems are caused by the place you sleep being too light, too noisy, too hot or cold, or uncomfortable.

SS15A. How much do you think your sleep problems are caused by problems with the place you sleep? Would you say...

(READ LIST)

(IF R SAYS "IT DEPENDS", PROBE: "On average")

1. NOT AT ALL,
2. A LITTLE,
3. SOME,
4. A LOT, OR
5. TOTALLY?

DK (DO NOT READ)

SS16. Some people have sleep problems because they either have to get up very early, stay up late, or get up in the night because of their job or because of having a baby or a sick person who needs their help.

How much do you think your sleep problems are caused by these kinds of demands on your time? Would you say...

(READ LIST)

(IF R SAYS "IT DEPENDS", PROBE: "On average")

1. NOT AT ALL,
2. A LITTLE,
3. SOME,
4. A LOT, OR
5. TOTALLY?

DK (DO NOT READ)

 CP.COMORBIDITY.CODE

IF COMORBIDITY.CODE =

NONE --> GO TO CP.ADL
 SLEEP APNEA --> GO TO CP.ADL
 COPD --> GO TO CP.COPD
 OSTEOARTHRITS --> GO TO CP.OA (WOMAC)
 HIGH BLOOD PRESSURE --> GO TO CP.HBP (SEVERITY OF HIGH BLOOD
 PRESSURE QUESTIONNAIRE)
 DIABETES --> GO TO CP.DIA (SEVERITY OF DIABETES
 QUESTIONNAIRE)
 NEUROPATHIC PAIN --> GO TO CP.CP (CHRONIC PAIN GRADING SCALE
 (MODIFIED))
 GERD --> GO TO CP.ADL AND THEN TO
 GERD1 (NOCTURNAL GERD SYMPTOM SCALE)

 COPD - EISNER COPD SEVERITY SCORE

 CP.COPD

IF COPD SAMPLE AND (CC5 = 1 OR CC5A = 1) THEN
 GO TO INTRO.COPD
 ALL OTHERS GO TO CP.ADL

INTRO.COPD

Earlier in the interview you mentioned having [chronic obstructive pulmonary disease, or COPD/chronic breathing problems]. The next few questions are about how your [COPD/breathing] has been lately.

COPD1. Do you currently have shortness of breath when you are walking with other people at their pace on level ground?

1. YES
 2. SOMETIMES (VOLUNTEERED)
 3. NO -----> QCOPD1B
 4. NEVER HAD BREATHING -----> GO TO CP.ADL
 PROBLEMS (VOLUNTEERED)
- DK

COPD1A. Do you have shortness of breath when you walk at your own pace on level ground?

1. YES
2. SOMETIMES (VOLUNTEERED)
3. NO
- DK

GO TO QCOPD2

COPD1B. Do you have shortness of breath when you walk quickly or when you walk uphill?

1. YES
2. SOMETIMES (VOLUNTEERED)
3. NO
- DK

COPD2. About how many days out of 28 in the past 4 weeks did you have shortness of breath?

(IF NEEDED: "Your best guess is fine.")

(IF NEEDED: "Please think about the past 4 weeks.")

___ DAYS IN THE PAST 4 WEEKS
28. 28 DAYS/EVERY DAY/ALL OF THEM
DK

COPD3. Did you ever use prednisone or a cortico-steroid pill for your [COPD/breathing problems]?

1. YES
2. NO ----> QCOPD4
- DK -----> QCOPD4

COPD3A. Did you use prednisone or a cortico-steroid pill at least 3 times per week for at least 3 months in the past 2 years?

1. YES
2. NO (LESS THAN 3X PER WK, LESS THAN 3 MOS, OR NOT IN LAST 2 YRS)
- DK

COPD3B. Did you use prednisone or a cortico-steroid pill at any time in the past 4 weeks?

1. YES
2. NO ----> QCOPD4
- DK -----> QCOPD4

COPD3C. About how many days out of 28 in the past 4 weeks did you use prednisone or a cortico-steroid pill?

(IF NEEDED: "Your best guess is fine.")

(IF NEEDED: "Please think about the past 4 weeks.")

____ DAYS IN THE PAST 4 WEEKS
28. 28 DAYS/EVERY DAY/ALL OF THEM
DK

COPD4. Did you use an inhaler at any time in the past 4 weeks?

1. YES
2. NO ---> QCOPD5
- DK -----> QCOPD5

COPD4A. About how many days out of 28 in the past 4 weeks did you use an inhaler?

(IF NEEDED: "Your best guess is fine.")

(IF NEEDED: "Please think about the past 4 weeks.")

____ DAYS IN THE PAST 4 WEEKS
28. 28 DAYS/EVERY DAY/ALL OF THEM
DK

COPD5. Did you use a nebulizer at any time in the past 4 weeks?

1. YES
2. NO ---> QCOPD6
- DK -----> QCOPD6

COPD5A. About how many days out of 28 in the past 4 weeks did you use a nebulizer?

(IF NEEDED: "Your best guess is fine.")

(IF NEEDED: "Please think about the past 4 weeks.")

____ DAYS IN THE PAST 4 WEEKS
28. 28 DAYS/EVERY DAY/ALL OF THEM
DK

COPD6. Did you take theophylline or Theo-Dur by mouth at any time in the past 4 weeks?

1. YES
2. NO (NOT BY MOUTH) --> QCOPD7
- DK -----> QCOPD7

COPD6A. About how many days out of 28 in the past 4 weeks did you take theophylline or Theo-Dur by mouth?

(IF NEEDED: "Your best guess is fine.")

(IF NEEDED: "Please think about the past 4 weeks.")

____ DAYS IN THE PAST 4 WEEKS
28. 28 DAYS/EVERY DAY/ALL OF THEM
DK

COPD7. In the past 12 months, how many times did you take a course of antibiotics for a lung condition?

(IF NEEDED: "Please think about the past 12 months.")

(IF NEEDED: "Please think about the times you took antibiotics for a lung condition.")

____ TIMES IN THE PAST 12 MONTHS
DK

COPD8. Were you hospitalized for [COPD/breathing problems] at any time in the past 5 years?

(IF NEEDED: "COPD is Chronic Obstructive Pulmonary Disease")

(IF NEEDED: "Please think about the past 5 years")

1. YES
2. NO ---> QCOPD9
DK -----> QCOPD9

COPD8A. Were you intubated or put on a ventilator for [COPD/breathing problems] at any time in the past 5 years?

(IF NEEDED: "COPD is Chronic Obstructive Pulmonary Disease")

(IF NEEDED: "Please think about the past 5 years")

1. YES
2. NO
DK

COPD9. Are you currently using home oxygen, either during the day or at night?

1. YES
2. NO
DK

GO TO CP.ADL

OSTEOARTHRITIS - WOMAC

CP.OA

IF OSTEOARTHRITIS SAMPLE AND CC4.0 = 1 THEN
GO TO INTRO.QO1
ALL OTHERS GO TO CP.ADL

INTRO.QO1

Earlier in the interview you mentioned having arthritis. The next few questions are about the severity of your arthritis. How much pain do you have in each of the following situations?

O1(A-E). [First,/(How about)]

- A. "when walking"
- B. "when climbing stairs"
- C. "at night"
- D. "when at rest"
- E. "when bearing weight"

?

(Because of your arthritis, how much PAIN do you have when you do this?)

(Would you say...)

(READ LIST)

(IF R DOES NOT DO ACTIVITY, PROBE: "Is that because of your health?" --> IF "No" ENTER "0", IF "Yes" PROBE: "Would you have SEVERE or EXTREME pain if you were to do this?")

- 0. NONE, (NEVER)
- 1. SLIGHT,
- 2. MODERATE,
- 3. SEVERE, OR
- 4. EXTREME PAIN?

- 5. NEVER HAD ARTHRITIS (VOLUNTEERED) --> GO TO CP.ADL
DK (DO NOT READ)

OA(2-3). How much stiffness do you have...

2. "in the morning"
3. "later in the day"

?

(IF NEEDED: "Because of your arthritis, how much STIFFNESS do you have?")

(Would you say...)

(READ LIST)

(IF NEEDED: "Please think about the past 4 weeks.")

0. NONE, (NEVER)
1. SLIGHT,
2. MODERATE,
3. SEVERE, OR
4. EXTREME STIFFNESS?

DK (DO NOT READ)

INTRO.QOA4

How much DIFFICULTY do you have in each of the following situations.

OA4 (A-Q). [First, / (How about)]

- A. "Walking down stairs"
- B. "Walking UP stairs"
- C. "Getting up out of a chair"
- D. "Standing in one place"
- E. "Bending down to pick something up from the floor"
- F. "Walking on a flat surface"
- G. "Getting in or out of a car"
- H. "Going shopping"
- I. "Putting on your socks"
- J. "Taking off your socks"
- K. "Getting out of bed"
- L. "Lying in bed"
- M. "Sitting"

- N. "Getting on or off the toilet"
- O. "Doing light housework"
- P. "Doing HEAVY housework"
- Q. "Getting in and out of a bathtub"

?

(Because of your arthritis, how much DIFFICULTY do you have doing this?)

(Would you say...)

(READ LIST)

(IF R DOES NOT DO ACTIVITY, PROBE: "Is that because of your health?" --> IF "No" ENTER "0", IF "Yes" PROBE: "Would you have SEVERE or EXTREME difficulty if you were to do this?")

- 0. NONE, (NEVER)
- 1. SLIGHT,
- 2. MODERATE,
- 3. SEVERE, OR
- 4. EXTREME?

- 5. CANNOT DO (VOLUNTEERED)
- DK (DO NOT READ)

ASK QOA4P ONLY IF QOA4O <> 4 OR 5

GO TO CP.ADL

 SEVERITY OF HIGH BLOOD PRESSURE QNAIRE

CP.HBP

IF HIGH BLOOD PRESSURE SAMPLE AND CC4.3 = 1 THEN
 GO TO INTRO.HBP1
 ALL OTHERS GO TO CP.ADL

INTRO.HBP1

Earlier in the interview you mentioned having high blood pressure. The next few questions are about your blood pressure.

HBP1. How old were you when you were first diagnosed with high blood pressure?

_____ YEARS OLD

97. NEVER HAD HIGH BLOOD PRESSURE --> GO TO CP.ADL
 DK

HBP2. How many oral medications are you currently taking to treat your blood pressure?

(IF NEEDED: "Please include only ORAL medications.")

(IF NEEDED: "Please include only the ones for treating your high blood pressure.")

_____ NUMBER OF ORAL DRUGS FOR HIGH BLOOD PRESSURE

00. NONE --> QHBP6
 DK -----> QHBP6

HBP4.(1-3). What oral medications have you been taking for your high blood pressure?

(IF NEEDED: "Please include only ORAL medications.")

(If you're taking more than one, please give me one name at a time. Let's start with the first one...)

001. Accupril	010. Carvedilol
002. Aldactazide	011. Coreg
003. Amlodipine	012. Cozaar
004. Amlodipine/benazepril	013. Diltiazem
005. Atenolol	014. Diovan
006. Benazepril	015. Diovan HCT
007. Capoten	016. Dyazide
008. Captopril	017. Enalapril
009. Cardizem	018. Hydrochlorothiazide
019. Hydrochlorothiazide and Triamterene	033. Quinapril
020. Hydrodiuril/Microzide	034. Spironolactone and Hydrochlorothiazide
021. Hytrin	035. Tenormin
022. Inderal	036. Terazosin
023. Lisinopril	037. Toprol-XL, Lopressor
024. Lisinopril/hydrochlorothiazide	038. Valsartan
025. Losartan	039. Valsartan/hydrochlorothiazide
026. Lotensin	040. Vasotec
027. Lotrel	041. Verapamil
028. Metoprolol	042. Verelan/Calan
029. Nifedipine	043. Zestoretic
030. Norvasc	044. Zestril
031. Procardia/Adalat	
032. Propranolol	
216. OTHER (SPECIFY) _____	
555. NO OTHER MEDICATIONS	

HBP5.(1-3). How long have you been taking this medication?

(IWER: IF LESS THAN 1 MONTH, ENTER 1 MONTH)

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
DY- DAYS	< three-quarters, three-fourths = 3/4	>
WK- WEEKS	< one-third = 1/3	>
MO- MONTHS	< two-thirds = 2/3	>
YR- YEARS		

HBPX(1-3). (IWER: PROBE FOR OTHER MEDICATION: "Do you have any other oral medications that you are taking for your high blood pressure?")

1) YES --> (ENTER ANOTHER MED)

2) NO --> (FINISHED WITH MEDS)

HBP6. How many times, in the past 5 years, did you either go to the Emergency Room or have you been hospitalized because of your high blood pressure?

____ NUMBER OF TIMES TO ER OR HOSPITALIZED
00. NONE
DK

INTRO.QHBP7

Did you ever have any of the following experiences related to your high blood pressure?

HBP7(A-H). [First,/(How about)]

- A. "A transient ischemic (is-SKEEM-ick) attack, also called a TIA"
- B. "Angina (anj-EYE-nuh)"
- C. "A stroke"
- D. "A heart attack"
- E. "Any other heart disease"
- F. "An aneurysm (AN-yur-ism) of the aorta"
- G. "Heart failure"
- H. "A kidney problem because of high blood pressure"

?

(Did you ever have this experience, related to your high blood pressure?)

- 1. YES
- 2. NO
- DK

GO TO CP.ADL

SEVERITY OF DIABETES QNAIRE

CP.DIA

IF DIABETES SAMPLE AND (CC4.1 = 1 OR CC4.2 = 1) THEN
GO TO INTRO.QDIA1
ALL OTHERS GO TO CP.ADL

INTRO.QDIA1

Earlier in the interview you mentioned having [diabetes/high blood sugar]. The next few questions are about your [diabetes/high blood sugar].

DIA1. How old were you when you were first diagnosed with [diabetes/high blood sugar]?

_____ YEARS OLD
97. NEVER HAD DIABETES/HIGH BLOOD SUGAR --> GO TO CP.ADL
DK

DIA2. Did you receive insulin in the first year of your diagnosis?

1. YES
2. NO
DK

DIA3. How many oral drugs do you currently take to treat your [diabetes/high blood sugar]?

(IF NEEDED: "Please include only ORAL drugs.")

(IF NEEDED: "Please include only the ones for treating your [diabetes/high blood sugar].")

_____ NUMBER OF ORAL DRUGS FOR DIABETES/HIGH BLOOD SUGAR
00. NONE
DK

DIA4. Are you on insulin?

1. YES
2. NO
DK

DIA5. How many times, in the past 5 years, have you been hospitalized due to your [diabetes/high blood sugar]?

(IF NEEDED: "Please think about the past 5 years.")

(IF NEEDED: "Please think about the times you were hospitalized for [diabetes/high blood sugar].")

_____ TIMES HOSPITALIZED FOR DIABETES/HIGH BLOOD SUGAR IN PAST 5 YRS
0000. NONE (NOT DUE TO DIABETES/HIGH BLOOD SUGAR/MORE THAN 5 YRS AGO)
DK

DIA6. About how many days did you spend in the hospital for any reason in the past 5 years?

_____ DAYS HOSPITALIZED FOR ANY REASON IN PAST 5 YRS
0000. NONE (MORE THAN 5 YRS AGO)
DK

INTRO.QDIA7

Have you ever had any of the following experiences related to [diabetes/high blood sugar]?

DIA7(A-F). [First,/(How about)]

- A. "Coronary heart disease"
- B. "A heart attack"
- C. "A transient ischemic (is-SKEEM-ick) attack, also called a TIA"
- D. "A stroke"
- E. "A kidney problem because of your [diabetes/high blood sugar]?"
- F. "A kidney transplant?"

?

(Have you ever had this experience, related to your [diabetes/high blood sugar]?)

- 1. YES
- 2. NO
- DK

- DIA(8-10). 8. "Are you on renal dialysis?"
9. "Have you had laser therapy for your eyes because of decreased vision due to your [diabetes/high blood sugar]?"
10. "Have you had any of your fingers or toes or parts of your limbs cut off because of circulation problems caused by your [diabetes/high blood sugar]?"
1. YES
2. NO
DK

GO TO CP.ADL

 CHRONIC PAIN GRADING SCALE (MODIFIED) - NEUROPATHIC PAIN

CP.CP

IF NEUROPATHIC PAIN SAMPLE
 GO TO INTRO.QCP1
 ALL OTHERS GO TO CP.ADL

INTRO.QCP1

The next questions are about chronic pain.

CP1. How would you rate your current pain right at this moment, on a 0 to 10 scale, where 0 means NO PAIN and 10 means PAIN AS BAD AS COULD BE?

(IF NEEDED: "On a scale of 0 to 10, where 0 means NO PAIN and 10 means PAIN AS BAD AS COULD BE.")

00	01	02	03	04	05	06	07	08	09	10
NO										PAIN AS BAD AS COULD BE
PAIN										(WORST POSSIBLE PAIN)

99. NEVER HAD CHRONIC PAIN (VOLUNTEERED) -----> GO TO CP.ADL (NEXT SECTION)
DK

CP2. In the past 4 weeks, how intense was your WORST pain on the same 0 to 10 scale?

(IF NEEDED: "Please think about your WORST pain.")

(IF NEEDED: "Please think about the past 4 weeks.")

(IF NEEDED: "On a scale of 0 to 10, where 0 means NO PAIN and 10 means PAIN AS BAD AS COULD BE.")

00	01	02	03	04	05	06	07	08	09	10
NO										PAIN AS BAD AS COULD BE
PAIN										(WORST POSSIBLE PAIN)

DK

CP3. Using the same scale, in the past 4 weeks, how intense was your pain ON AVERAGE at times you were experiencing pain?

(IF R SAYS "IT DEPENDS", PROBE: "In general, on average.")

(IF NEEDED: "Please think about the past 4 weeks.")

(IF NEEDED: "On a scale of 0 to 10, where 0 means NO PAIN and 10 means PAIN AS BAD AS COULD BE.")

00	01	02	03	04	05	06	07	08	09	10
NO										PAIN AS BAD AS COULD BE
PAIN										(WORST POSSIBLE PAIN)

DK

CP4. About how many days out of 28, in the last 4 weeks, were you kept from your usual activities at work, school or housework, because of pain?

NUMBER OF DAYS IN LAST 4 WEEKS
DK

CP5. In the past 4 weeks, how much has pain interfered with your daily activities, rated on a 0 to 10 scale, where 0 means NO INTERFERENCE and 10 means UNABLE TO CARRY ON ANY ACTIVITIES?

(IF NEEDED: "Please think about the past 4 weeks.")

(IF NEEDED: "On a scale of 0 to 10, where 0 means NO INTERFERENCE and 10 means UNABLE TO CARRY ON ANY ACTIVITIES.")

00	01	02	03	04	05	06	07	08	09	10
NO										UNABLE TO CARRY
INTERFERENCE										ON ANY ACTIVITIES

DK

CP6. In the past 4 weeks, how much has pain changed your ability to take part in recreational, social and family activities, on a 0 to 10 scale, where 0 means NO CHANGE and 10 means EXTREME CHANGE?

(IF R SAYS "IT DEPENDS", PROBE: "In general, overall, please think about your recreational, social, and family activities.")

(IF NEEDED: "Please think about the past 4 weeks.")

(IF NEEDED: "On a scale of 0 to 10, where 0 means NO CHANGE and 10 means EXTREME CHANGE.")

00	01	02	03	04	05	06	07	08	09	10
NO CHANGE										EXTREME CHANGE

DK

CP7. In the past 4 weeks, how much has pain changed your ability to work, including housework, on a 0 to 10 scale, where 0 means NO CHANGE and 10 means EXTREME CHANGE?

(IF NEEDED: "Please think about the past 4 weeks.")

(IF NEEDED: "On a scale of 0 to 10, where 0 means NO CHANGE and 10 means EXTREME CHANGE.")

00	01	02	03	04	05	06	07	08	09	10
NO CHANGE										EXTREME CHANGE

DK

GO TO CP.ADL

ACTIVITIES OF DAILY LIVING (ADL)

CP.ADLIF QI5 >= 65 YEARS OLD
GO TO INTRO.QADL1
ALL OTHERS GO TO CP.GERD

INTRO.QADL1

The next questions are about any problems you might have carrying out various tasks because of your health or your ability to concentrate or remember things.

ADL1. First, do you have any problems at all either getting in or out of bed, washing yourself, using the toilet, or dressing yourself?

1. YES (YES TO ANY OF THE ABOVE) --> GO TO QADL5(A-D)
 2. NO
- DK

ADL2. Do you have any problems either getting in or out of a chair, walking across the room, or feeding yourself?

1. YES (YES TO ANY OF THE ABOVE) --> GO TO QADL6(A-C)
 2. NO
- DK

ADL3. Would you have any problems either doing light housework, preparing meals, using the telephone, or walking up or down a flight of stairs?

(IF R SAYS "I DON'T DO/NEED TO DO THESE THINGS", PROBE: "But what if you HAD TO? Would you have any problems doing any of these things?")

1. YES (YES TO ANY OF THE ABOVE) --> GO TO QADL7(A-D)
 2. NO
- DK

ADL4. Would you have any problems if you had to walk two blocks by yourself, or had to do all your shopping by yourself, or had to do heavy housework like scrubbing floors or washing windows?

1. YES (YES TO ANY OF THE ABOVE) --> GO TO QADL8(A-C)
 2. NO -----> GO TO QADL9(A-D)
- DK -----> GO TO QADL9(A-D)

ADL5(A-D). How much difficulty do you have...

- A. "getting in and out of bed"
- B. "washing yourself"
- C. "using the toilet"
- D. "dressing yourself"

?

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NONE,
- 2. A LITTLE,
- 3. SOME,
- 4. A GREAT DEAL, OR
- 5. SO MUCH THAT YOU ARE UNABLE TO DO IT WITHOUT HELP?

DK (DO NOT READ)

ADL6(A-C). How much difficulty do you have...

- A. "getting in or out of a chair"
- B. "walking across the room"
- C. "feeding yourself"

?

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NONE,
- 2. A LITTLE,
- 3. SOME,
- 4. A GREAT DEAL, OR
- 5. SO MUCH THAT YOU ARE UNABLE TO DO IT WITHOUT HELP?

DK (DO NOT READ)

ADL7(A-D). How much difficulty would you have...

- A. "doing light housework"
- B. "preparing meals"
- C. "using the telephone"
- D. "walking up or down a flight of stairs"

?

(Would you say...)

(READ LIST IF NECESSARY)

(IF R SAYS "I DON'T DO/NEED TO DO THESE THINGS", PROBE: "But what if you HAD TO? How much difficulty would you have?")

- 1. NONE,
- 2. A LITTLE,
- 3. SOME,
- 4. A GREAT DEAL, OR
- 5. SO MUCH THAT YOU ARE UNABLE TO DO IT WITHOUT HELP?

DK (DO NOT READ)

ADL8(A-C). How much difficulty would you have if you had to...

- A. "walk 2 blocks by yourself"
- B. "shop by yourself"
- C. "do heavy housework"

?

(Would you say...)

(READ LIST IF NECESSARY)

(IF R SAYS "I DON'T DO/NEED TO DO THESE THINGS", PROBE: "But what if you HAD TO? How much difficulty would you have?")

- 1. NONE,
- 2. A LITTLE,
- 3. SOME,
- 4. A GREAT DEAL, OR
- 5. SO MUCH THAT YOU ARE UNABLE TO DO IT WITHOUT HELP?

DK (DO NOT READ)

ADL9(A-E). How much difficulty do you have...

- A. "understanding the things you read or watch on TV"
- B. "following conversations in social situations"
- C. "remembering appointments"
- D. "getting confused when you are at the doctor's office or the bank or the grocery store"
- E. "keeping track of items such as keys, wallets or handbags"

?

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NONE,
- 2. A LITTLE,
- 3. SOME,
- 4. A GREAT DEAL, OR
- 5. SO MUCH THAT YOU ARE UNABLE TO DO IT WITHOUT HELP?

DK (DO NOT READ)

ADL10 (A-G). How much difficulty would you have if you had to...

- A. "drive on your own to get someplace you wanted to go"
- B. "use public transportation on your own to get someplace you wanted to go"
- C. "manage your checkbook and banking by yourself"
- D. "take your medications at the right time in the right amount"
- E. "take care of a 3-year old child by yourself for a weekend"
- F. "be the treasurer of a volunteer group and had to keep track of donations and expenses in a ledger"
- G. "be the coordinator of volunteer services at a community center and had to keep track of the schedules of all the volunteers"

?

(Would you say...)

(READ LIST IF NECESSARY)

(IF R SAYS "I DON'T DO/NEED TO DO THESE THINGS", PROBE: "But what if you HAD TO? How much difficulty would you have?")

- 1. NONE,
- 2. A LITTLE,
- 3. SOME,
- 4. A GREAT DEAL, OR
- 5. SO MUCH THAT YOU ARE UNABLE TO DO IT WITHOUT HELP?

DK (DO NOT READ)

ADL(11-12). How much difficulty would you have...

11. "participating in leisure activities that required concentration and memory, such as socializing at a party, playing cards, or doing volunteer work at a school"

12. "traveling by yourself on a short vacation"

?

(Would you say...)

(READ LIST IF NECESSARY)

(IF R SAYS "I DON'T DO/NEED TO DO THESE THINGS", PROBE: "But what if you HAD TO? How much difficulty would you have?")

1. NONE,
2. A LITTLE,
3. SOME,
4. A GREAT DEAL, OR
5. SO MUCH THAT YOU ARE UNABLE TO DO IT WITHOUT HELP?

DK (DO NOT READ)

CK.ADL13:

1. IF QADL(5-12) AT LEAST ONE RESPONSE
= SOME/A GREAT DEAL/UNABLE TO DO --> GO TO QADL14
 2. ALL OTHERS --> GO TO QADL15
-

ADL14. You mentioned having problems doing some things. What are the main causes of these problems? Is it your PHYSICAL HEALTH, your MENTAL HEALTH, your MEMORY, or some combination of these things?

(SELECT ALL THAT APPLY) (DO NOT PROBE FOR OTHERS)

1. PHYSICAL HEALTH
2. MENTAL HEALTH
3. MEMORY
4. OTHER (SPECIFY ____)

DK

ADL15. Do you see well enough with glasses or contacts to recognize someone you know across the street?

1. YES
 2. NO
- DK

ADL16. Is your hearing good enough, with a hearing aid if you use one, to hear and understand people talking to you in a normal voice from across the room?

1. YES
 2. MOST OF THE TIME/SOMETIMES (VOLUNTEERED)
 3. NO
- DK

RESNICK FALL RISK ASSESSMENT

CP.RFIF QI5 >= 65 YEARS OLD
GO TO QR1
ALL OTHERS GO TO CP.GERD

R1. How many times in the past 12 months have you had a fall where you fell down either because you were off balance, you tripped, or for any other reason?

(IF NEEDED: "Please think about the past 12 months.")

_____ TIMES YOU FELL IN THE PAST 12 MONTHS
00. NONE/NEVER
97. 97+ TIMES
DK

R(2-7). 2. "Do you have a history of Cardiac Arrhythmias, such as atrial fibrillation, PVC's, or sinus ventricular tachycardia?"

3. "Have you ever had a Transient Ischemic (is-SKEEM-ick) Attack, otherwise known as a TIA?"

4. "Have you ever had a stroke?"

5. "Do you have Parkinson's Disease?"

6. "Have you ever had problems with dehydration?"

7. "Do you have a history of depression?"

1. YES
2. NO
DK

R8. Do you have osteoporosis?

1. YES --> QR9
2. NO
DK

R8A. Do you have muscle weakness that has gotten worse over time, which is also called myopathy?

1. YES (YES TO ANY OF THE ABOVE) --> QR9
2. NO
DK

R8B. Do you have arthritis in your hip, knees, or back?

1. YES (YES TO ANY OF THE ABOVE)
2. NO
- DK

R9. Do you have any difficulty walking?

1. YES --> QR12
2. NO
- DK

R9A. Do you have an unsteady gait?

1. YES
2. NO
- DK

R10. Have you ever had any broken bones?

1. YES
2. NO
- DK

R11. Have you ever had a drop in blood pressure or sudden dizziness when you got up from a lying position?

1. YES
2. NO
- DK

R(12-18). 12. "Do you ever loose control of your bladder or bowels?"

13. "Do you have problems either seeing or hearing?"

14. "Do you get dizzy?"

15. "Do you ever use straps or vests to restrain yourself so you don't fall
of or get up from a bed or wheel chair?"

16. "Do you have an active infection or other illness right now?"

17. "Are you being treated for diabetes?"

18. "Do you take 4 or more prescription drugs each day?"

1. YES
2. NO
- DK

out

GO TO CP.GERD

NOCTURNAL GERD SYMPTOM SCALE

CP.GERD

IF GERD SAMPLE

GO TO QGERD1

ALL OTHERS GO TO DEMOGRAPHICS SECTION

GERD1. About how many days or nights out of 28, in the past 4 weeks, did you have any problems at all with heartburn or acid reflux?

- ____ NUMBER OF DAYS IN PAST 4 WEEKS
00. NONE/NEVER
28. 28 DAYS/EVERY DAY/ALL OF THEM
97. NEVER HAD GERD/HEARTBURN/ACID REFLUX --> INTRO.DEMO
DK

ASK QGERD3 ONLY IF QGERD1 = 0

GERD3. Did you have any trouble in the past 4 weeks because of your heartburn or reflux - either falling asleep, waking up at night, or waking in the morning feeling tired?

1. YES (YES TO ANY OF THE SYMPTOMS)
2. NO -----> INTRO.DEMO
DK

INTRO.QGERD4

How severe has each of the following symptoms of heartburn or acid reflux been in the past 4 weeks, on a scale with response categories NONE, MILD, MODERATE, SEVERE, and VERY SEVERE.

GERD4 (A-J). [First/(How about)]

- A. "Heartburn rising in your chest or throat after going to bed at night"
- B. "Regurgitation or reflux acid or liquid from your stomach coming up into your throat after going to bed at night"
- C. "Feeling sick to your stomach as if you were going to vomit or throw up after going to bed at night"
- D. "Burping or belching after going to bed at night"
- E. "Feeling discomfort, pain, or tightness inside your chest after going to bed at night"
- F. "Difficulty swallowing back liquid coming up from your stomach after going to bed at night"
- G. "Bubbling or gurgling in your throat after going to bed at night"
- H. "Gagging or having a choking feeling in your throat after going to bed at night"
- I. "Waking up with food or liquid in your mouth during the night"
- J. "Pain or burning in your stomach, chest, or throat when you wake in the morning"

?

(How severe has this been in the past 4 weeks?)

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NONE,
- 2. MILD,
- 3. MODERATE,
- 4. SEVERE, OR
- 5. VERY SEVERE?

DK (DO NOT READ)

INTRO.QGERD5

How often did you have each of the following problems because of heartburn or reflux in the past 4 weeks, using the response categories NONE of the time, A LITTLE of the time, SOME of the time, A GOOD BIT of the time, MOST of the time, or ALL of the time.

GERD5 (A-E). [First/(How about)]

- A. "Trouble falling asleep"
- B. "Waking up at night"
- C. "Going to bed later than you would have liked because of your heartburn or reflux"
- D. "Waking in the morning feeling tired"
- E. "Waking in the morning feeling irritable"

?

(How often did this happen in the past 4 weeks because of your heartburn or reflux?)

(Would you say...)

(READ LIST IF NECESSARY)

- 1. NONE OF THE TIME,
- 2. A LITTLE OF THE TIME,
- 3. SOME OF THE TIME,
- 4. A GOOD BIT OF THE TIME,
- 5. MOST OF THE TIME, OR
- 6. ALL OF THE TIME?

DK (DO NOT READ)

DEMOGRAPHY MODULE

INTRO.DEMO

The last few questions are for classification purposes.

D1. Are you currently...

(READ LIST)

- 1. MARRIED, -----> QD2
- 2. SEPARATED,
- 3. DIVORCED,
- 4. WIDOWED, OR
- 5. HAVE YOU NEVER BEEN MARRIED?

- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

D1A. Are you currently living with someone in a marriage-like relationship?

- 1. YES
- 2. NO
- 9. REFUSAL
- DK

D2. What's the highest level of education you completed? Was it...

(READ LIST)

- 1. NONE,
- 2. ELEMENTARY, (GRADE 1-8) -----> QD2B
- 3. HIGH SCHOOL, (GED) -----> QD2D
- 4. JUNIOR COLLEGE, OR -----> QD3
- 5. COLLEGE? -----> QD2F

- 6. MORE THAN COLLEGE (VOLUNTEERED) --> QD2G
- DK (DO NOT READ)

D2A. (ASK IF UNCLEAR FROM PREVIOUS QUESTION: "How many years of elementary school did you complete?")

____ NUMBER OF YRS COMPLETED OF ELEMENTARY SCHOOL
DK

GO TO QD3

D2B. (ASK IF UNCLEAR FROM PREVIOUS QUESTION: "Did you complete any years of high school?)

- 1. YES (HIGH SCHOOL GRADUATE/GED)
- 2. NO -----> QD3
- DK -----> QD3

D2C. (ASK IF UNCLEAR FROM PREVIOUS QUESTION: "How many years of high school did you complete?")

- NUMBER OF YRS OF HIGH SCHOOL
- 7. GED
 - DK

GO TO QD3

D2D. Did you get any education beyond high school, like at technical school or at community college?

- 1. YES
- 2. NO ---> QD3
- DK -----> QD3

D2E. (ASK IF UNCLEAR FROM PREVIOUS QUESTION: "How many years of post-high school education did you complete?)

- NUMBER OF YRS OF POST-HIGH SCHOOL
- DK

GO TO QD3

D2F. (ASK IF UNCLEAR FROM PREVIOUS QUESTION: "Did you get any education beyond college?)

- 1. YES
- 2. NO ---> QD3
- DK -----> QD3

D2G. (ASK IF UNCLEAR FROM PREVIOUS QUESTION: "How many years of post-graduate education did you complete?")

___ NUMBER OF YRS OF POST-GRAD

- 26. BUSINESS SCHOOL (VOLUNTEERED)
 - 27. LAW SCHOOL (VOLUNTEERED)
 - 28. MEDICAL/DENTAL/VETERINARY SCHOOL (VOLUNTEERED)
 - 29. MASTERS DEGREE (VOLUNTEERED)
 - 30. DOCTORAL DEGREE (VOLUNTEERED)
- DK

D3. Are you of Hispanic origin or descent?

- 1. YES
 - 2. NO
- DK

D4. Which of the following best describes your racial background...

(READ LIST) (SELECT ALL THAT APPLY)

- 1. WHITE,
 - 2. BLACK,
 - 3. NATIVE AMERICAN,
 - 4. ALASKAN NATIVE,
 - 5. ASIAN OR PACIFIC ISLANDER, OR
 - 6. SOMETHING ELSE? (SPECIFY ___)
7. REFUSAL (DO NOT READ)
DK (DO NOT READ)

D5. How many biological children do you have?

___ NUMBER
DK

D6. Do you have any step-children or adoptive children?

- 1. YES
 - 2. NO ---> QD8
- DK -----> QD8

D7. (ASK IF UNCLEAR FROM PREVIOUS QUESTION: "How many step-children or adoptive children do you have?")

___ NUMBER
DK

D8. How many people live with you in your household?

(IWER: IF NECESSARY, CLARIFY: "NOT INCLUDING YOURSELF")

- NUMBER OF PEOPLE
- 00. R LIVES ALONE -----> QD16
- 01. R LIVES WITH 1 OTHER PERSON
- 97. R LIVES IN AN INSTITUTIONAL SETTING --> QD16
- DK

CK.D9:

R LIVES WITH 2+ OTHER PERSONS --> GO TO QD11

D10. How old is that person?

(IF NEEDED: "How old is the other person living with you?")

- YEARS OLD
- DK

GO TO QD16

D11. How many of those people are in each of the following age ranges:

How many people living in your household are...

- L1. under the age of 5?
- L2. between 5 to 12?
- L3. between 13 and 19?
- L4. 20 or older?

- 0. NONE
- NUMBER (1-7)
- 9. REFUSED
- DK

CK.D12: IF (QD1 = 1 OR QD1A = 1) AND QD8 = 1 --> GO TO QD16
(R LIVES WITH A SPOUSE AND NO ONE ELSE)

D13. How many people typically sleep in the same bed with you at night?

____ NUMBER OF PEOPLE NOT INCLUDING R
DK

D16. How many nights out of 28, in the past 4 weeks, did you spend the night away from home?

(IF NEEDED: "Travel for work or vacation or any reason")

(IF NEEDED: "Please think about the PAST 4 WEEKS.")

- ___ DAYS IN THE PAST 4 WEEKS
- 00. NONE/NEVER
- 28. 28 DAYS/EVERY DAY/ALL OF THEM
- DK

D17. How many days out of 28, in the past 4 weeks, did you travel across more than three time zones?

(IF NEEDED: "MORE THAN 3 TIME ZONES is travel from coast-to-coast, or any travel where the time difference was more than 3 hours.")

(IF NEEDED: "Travel for work or vacation or any reason")

(IF NEEDED: "Please think about the PAST 4 WEEKS.")

- ___ DAYS IN THE PAST 4 WEEKS
- 00. NONE/NEVER -----> INTRO.QD20
- 28. 28 DAYS/EVERY DAY/ALL OF THEM
- DK

D19. How many days out of 28, in the past 4 weeks, did you experience significant jet lag?

(IF NEEDED: "Please think about the PAST 4 WEEKS.")

- ___ DAYS IN THE PAST MONTH
- 00. NONE/NOT APPLICABLE BECAUSE DIDN'T TAKE A PLANE
- DK

INTRO.QD20

The next question is about the total income of your household before taxes in the last 12 months, including income from all sources, such as wages, salaries, investment income, income from Social Security and retirement benefits, help from relatives, and so forth.

D20. Was your total household income in the last 12 months LESS THAN 20,000 DOLLARS, BETWEEN 20 AND 40,000, BETWEEN 40 AND 80,000, or MORE THAN 80,000 DOLLARS?

(READ LIST IF NECESSARY)

(IF NEEDED: "Please include the total income of your household before taxes in the last 12 months, including income from all sources, such as wages, salaries, investment income, income from Social Security and retirement benefits, help from relatives, and so forth.")

1. LESS THAN 20,000,
2. 20,000 - 40,000, -----> QD22
3. 40,000 - 80,000, OR -----> QD23
4. MORE THAN 80,000 DOLLARS? --> QD24

9. REFUSAL (DO NOT READ) -----> QD25
- DK (DO NOT READ) -----> QD25

D21. Was it LESS THAN 5000, BETWEEN 5 AND 10, BETWEEN 10 AND 15, or MORE THAN 15,000?

(READ LIST IF NECESSARY)

1. LESS THAN 5000,
2. 5000 - 10,000,
3. 10,000 - 15,000, OR
4. MORE THAN 15,000 DOLLARS?

9. REFUSAL (DO NOT READ)
- DK (DO NOT READ)

GO TO QD25

D22. Was it LESS THAN 25,000, BETWEEN 25 AND 30, BETWEEN 30 AND 35, or MORE THAN 35,000?

(READ LIST IF NECESSARY)

1. LESS THAN 25,000,
2. 25,000 - 30,000,
3. 30,000 - 35,000, OR
4. MORE THAN 35,000 DOLLARS?

9. REFUSAL (DO NOT READ)
DK (DO NOT READ)

GO TO QD25

D23. Was it LESS THAN 50,000, BETWEEN 50 AND 60, BETWEEN 60 AND 70, or MORE THAN 70,000?

(READ LIST IF NECESSARY)

1. LESS THAN 50,000,
2. 50,000-60,000,
3. 60,000-70,000, OR
4. MORE THAN 70,000 DOLLARS?

9. REFUSAL (DO NOT READ)
DK (DO NOT READ)

GO TO QD25

D24. Was it LESS THAN 100,000, BETWEEN 100 AND 150, OR MORE THAN 150,000?

(READ LIST IF NECESSARY)

1. LESS THAN 100,000,
2. 100,000 - 150,000, OR
3. MORE THAN 150,000 DOLLARS?

9. REFUSAL (DO NOT READ)
DK (DO NOT READ)

- D25. How much time do you spend in a typical day talking either on the phone or on-line with family or friends?

(IF NEEDED: "Please include only time spent socializing on the phone or on-line with family or friends, NOT the time spent at work or playing computer games by yourself.")

(IF R SAYS "NONE/NEVER/DON'T HAVE PHONE OR COMPUTER", ENTER '0 MI')

# _____	< one-quarter, one-fourth = 1/4	>
DK	< one-half = 1/2	>
HR- HOURS	< three-quarters, three-fourths = 3/4	>
MI- MINUTES	< one-third = 1/3	>
	< two-thirds = 2/3	>

- D26. About how many evenings out of 7 per week, do you either go out with family or friends, or visit with them in your home or their home?

_____ NUMBER OF EVENINGS PER WEEK
0. NONE/NEVER
7. EVERY DAY
DK

CLOSING SECTION

CK.CSE1

1. IF IN HALF SAMPLE B AND
SL47.FLG = 1 AND
IN THE RANDOM SAMPLE OF 10,000
--> GO TO CSE2 TO RECRUIT RANDOM 3000 FOR MAIL SURVEY
--> ALL OTHERS WHO MEET THIS CRITERIA GO TO QCSE.2A
 2. IF IN HALF SAMPLE A AND
SL47.FLG = 1 AND
IN THE RANDOM SAMPLE OF 10,000
--> GO TO QCSE.2A AND THEN CSE5 TO RECRUIT RANDOM 100 FOR PHONE SURVEY
--> ALL OTHERS WHO MEET THIS CRITERIA GO TO QCSE.2A
 3. IF IN HALF SAMPLE A AND
SL47.FLG = 2 AND
IN THE RANDOM SAMPLE OF 10,000
--> GO TO QCSE.2A AND THEN CSE5 TO RECRUIT RANDOM 25 FOR PHONE SURVEY
--> ALL OTHERS WHO MEET THIS CRITERIA GO TO QCSE.2A
 4. IF IN HALF SAMPLE A AND
SL47.FLG = 3 AND
IN THE RANDOM SAMPLE OF 10,000
--> GO TO QCSE.2A AND THEN CSE5 TO RECRUIT RANDOM 25 FOR PHONE SURVEY
--> ALL OTHERS WHO MEET THIS CRITERIA GO TO QCSE.2A
 5. IF IN HALF SAMPLE A AND
SL19.FLG = 0 AND
IN THE RANDOM SAMPLE OF 10,000
--> GO TO QCSE.2A AND THEN CSE5 TO RECRUIT RANDOM 50 FOR PHONE SURVEY
--> ALL OTHERS WHO MEET THIS CRITERIA GO TO QCSE.2A
 6. ALL OTHERS GO TO QCSE.2A
-

CSE2. That's the last question. We need some people to fill out a mail questionnaire that will take about 15 minutes to complete. As with this survey, you would be helping us out a lot in improving the quality of care. Would you be willing to help us out with this?

1. YES
2. NO
- DK

CSE.2A. I need to confirm your full name and address where we should send [the mail survey and your 20 dollar check for completing this survey?/your 20 dollar check for completing this survey?]

(IWER: SELECT OPTION AND INPUT CORRECT DATA, VERIFY INFORMATION)

- 01. FIRST NAME [CON3.FNAME]
- 02. LAST NAME [CON3.LNAME]
- 03. ADDRESS [CON3.ADD]
- 04. ADDRESS 2 [CON3.ADD2]
- 05. CITY [CON3.CITY]
- 06. STATE [CON3.ST]
- 07. ZIP [CON3.ZIP]
- 08. DONE
- 09. REFUSED/DON'T WANT CHECK

CSE4. Great. You can expect to receive [the mail survey and your 20 dollar check for completing this survey/your 20 dollar check for completing this survey] in the next 2 weeks.

GO TO THANKS

CSE5. We need some people to complete a short interview with a health professional. The interview will be by phone and will take about 30 minutes to complete. We would be willing to pay you an additional \$20 for your time with this survey. As with this survey, you would be helping us out a lot in improving the quality of care. Would you be willing to help us out with this?

- 1. YES
- 2. NO ----> QTHANKS
- DK -----> QTHANKS

CSE5A. In General, what is the best time of day to reach you to set up that interview? Would you say...

(READ LIST)

- 1. WEEKDAYS DURING THE DAY,
- 2. WEEKDAYS DURING THE EVENING,
- 3. WEEKENDS DURING THE DAY, OR
- 4. WEEKENDS DURING THE EVENING?

DK (DO NOT READ)

CSE6. Great. You can expect to receive a call from one of our interviewers in the next week or so to set up the interview date and time. They will not be told anything about you or your health information. Your check will be sent to you approximately 2 to 4 weeks after you complete the interview.

THANKS.

I want to thank you for your time and answers to our questions. During this call, we have talked a lot about your physical health, daily functioning, and symptoms you may have including emotions like sadness.

If you have any health concerns or symptoms that are bothersome, we urge you to contact your doctor.

(IWER: ONLY IF R SAYS "NO DOCTOR" PROBE: "On the back of your insurance card, you will find the phone number for your health plan. If you call that number, someone from the plan will be able to assist you with a referral.]

Thank you once again and good bye.

□