

...

2010 Middle of the Night (MOTN) Study

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 15 to 20 minute survey about sleeping problems among [Health Plan name] members.

This call may be recorded for quality control purposes.

[(IF R'S SAMPLE FLAG = 1 (Commercially Insured) IN THE SAMPLE RECORD:
If you are eligible, we can offer you \$25 for completing the survey.)]

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

(Everything you say will be kept confidential and you will not be identified.)

(Could you help us out by participating?)

1. CONTINUE WITH RESPONDENT
2. R HAS NEW PHONE NUMBER (Do not prompt for new 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

DS3. Are you currently a member of [Health Plan name]?

("DK" NOT ALLOWED)

1. YES
2. NO -----> TERMINATE INTERVIEW - NOT ELIGIBLE
3. DK/REFUSED --> TERMINATE INTERVIEW - NOT ELIGIBLE

DS4.

Before I ask you the eligibility questions, I need to read a statement so you know exactly what we're doing.

(IWER: READ THIS AS IF YOU WERE 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 more about sleep problems and sleep medications. HealthCore is a health outcomes research company that is a part of the family of companies that also includes [Health Plan name]. Your participation in the survey is completely voluntary and confidential. Your health plan will never know if you participated or not. Your answers and those of hundreds of other survey participants will be combined to produce a mass data file that will then be used for

analysis. No names, ID numbers, addresses, or other identifying information will be recorded in this working data file. Only this de-identified data will be reported to the sponsor and in publications."

You can skip any questions you don't want to answer and can stop at any time. If you choose to stop the survey, the survey will end and no one from DataStat or HealthCore will contact you again about this study.

I'd like to ask the eligibility questions now. Is that o.k. with you?

("DK" NOT ALLOWED)

1. YES
2. NO/REFUSAL/DOES NOT WANT TO BE RECORDED
---> TERMINATE INTERVIEW - NOT ELIGIBLE
3. (IF VOL AFTER PROBING) NO SLEEP PROBLEMS
---> TERMINATE INTERVIEW - NOT ELIGIBLE

DS2. First, how old are you?

___ YEARS OLD

999. REFUSAL (Are you at least 18 years of age? IF NO, ENTER 00.)

DK (Are you at least 18 years of age? IF NO, ENTER 00.)

CK.DS2.1

1. R IS YOUNGER THAN 18 -----> TERMINATE INTERVIEW - NO INCENTIVE
2. ALL OTHERS

D3. Have you used any prescription sleep medicine at any time in the past 12 months?

1. YES
2. NO ---> TERMINATE INTERVIEW - NOT ELIGIBLE
- DK -----> TERMINATE INTERVIEW - NOT ELIGIBLE

D3.1. What's the name of the prescription sleep medicine you took MOST RECENTLY?

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

(IWER: IF DK OR SEEMS UNCERTAIN: ASK R IF THEY HAVE PRESCRIPTION BOTTLE AVAILABLE TO CONFIRM NAME.)

(IWER: IF R REMAINS UNCERTAIN, PROBE: 'Is it Ambien or zolpidem?' 'Is it Ambien CR or zolpidem extended release?' 'Is it Sonota or zaleplon?' 'Is it Lunesta? Is it Restoril or temazepam? Is it Halcion or triazolam?')

(PROBE: "Any others?")

01. AQUA CHLORAL(ah-que-KLOR-al)

02. AMBIEN (am-BE-in)
03. AMBIEN CR/LONG ACTING/EXTENDED RELEASE (am-BE-in)
04. BUTABARBITAL (bew-ta-BAR-bi-tal)
05. BUTISOL (bew-ti-sol)

06. CHLORAL HYDRATE (KLOR-al HI-drate)
07. DALMANE (dul-MAIN)
08. DORAL
09. EDLUAR
10. ESTAZOLAM (es-TA-zoe-lam)
11. ESZOPICLONE (es-zo-pic-lone)

12. FLURAZEPAM (flure-AZ-e-pam)
13. GABA ZOLPIDEM-5 (gaba-zole-pee-dem)
14. HALCION (hal-see-on)
15. LUNESTA (loo-NES-ta)
16. MEBARAL (meb-a-ral)
17. MEPHOBARBITAL (meffo-BAR-bi-tal)

18. PROSOM
19. QUAZEPAM (KWAY-ze-pam)
20. RAMELTEON (ra-mel-tee-on)
21. RESTORIL (rest-uh-ril)
22. ROZEREM (row-zare-em)

23. SECOBARBITAL (see-co-BAR-bi-tal)
24. SECONAL (sec-o-nal)
25. SONOTA (so-na-ta)
26. SENTRA ZOLPIDEM PM-5 (sentra-zole-pee-dem)
27. SOMNOTE
28. STRAZEPAM

29. TEMAZEPAM (te-MAZ-e-pam)
30. TRIAZOLAM (try-ay-zoe-lam)
31. ZALEPLON (ZAL-e-plon)
32. ZOLPIDEM (zoel-pee-dem)
33. ZOLPIDEM EXTENDED RELEASE/LONG ACTING (zoel-pee-dem)

34. OTHER (SPECIFY_____)

DK (AFTER PROBES)

D3.2. [Is this/Are these] the only prescription sleep [medicine(s)] you have taken in the past 12 months?

1. YES --> CK.D3.4
 2. NO
- DK

QD3.3 (What is the name of the other prescription sleep medicines you took in the past 12 months?)

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

(IWER: IF DK OR SEEMS UNCERTAIN: ASK R IF THEY HAVE PRESCRIPTION BOTTLE AVAILABLE TO CONFIRM NAME.)

(IWER: IF R REMAINS UNCERTAIN, PROBE: 'Is it Ambien or zolpidem?' 'Is it Ambien CR or zolpidem extended release?' 'Is it Sonota or

zaleplon?' 'Is it Lunesta? Is it Restoril or temazepam? Is it Halcion or triazolam?')

(PROBE: "Any others?")

01. AQUA CHLORAL (ah-que-KLOR-al)
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32. ZOLPIDEM (zoel-pee-dem)
33. ZOLPIDEM EXTENDED RELEASE/LONG ACTING (zoel-pee-dem)

34. OTHER (SPECIFY_____)

- DK (AFTER PROBES)

CK.D3.4

AT LEAST ONE RESPONSE IN THE 1-33 SERIES IN EITHER D3.1 OR D3.3
ALL OTHER --> TERMINATE INTERVIEW - NO INCENTIVE (I'm sorry, but
you're not eligible for the survey.)

INTRODUCTION (I)

INTRO.QI

OK. You're eligible for the survey. Can we start?

I3. (IWER: DO NOT READ - RECORD R'S GENDER)

("DK" NOT ALLOWED)

1. MALE
2. FEMALE

I5. 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	>

I6. How much do you weigh?

(IWER: PLEASE ROUND UP TO THE NEAREST POUND)

_____ WEIGHT IN POUNDS
999. REFUSAL
DK

SCREENING QUESTIONS FOR MEDICATION USE (S)

INTRO.S1

The next questions are about your use of sleep medicine.

S1. How long ago was the very first time you started to use a prescription sleep medicine?

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

(IF R REPORTS AN AGE, PROBE: "How many years ago was that?")

(IF LESS THAN ONE WEEK, ENTER 1 WEEK)

#_____	AGO	< one-quarter, one-fourth = 1/4	>
DK		< one-half = 1/2	>
WK- WEEKS		< three-quarters, three-fourths = 3/4	>
MO- MONTHS		< one-third = 1/3	>

YR- YEARS < two-thirds = 2/3 >

S5. What kind of doctor wrote your MOST RECENT sleep medicine prescription? Was it a general practitioner, internist, (IF FEMALE: OBGYN,) psychiatrist, or some other kind of specialist?

1. GENERAL PRACTITIONER
 2. PRIMARY CARE DOCTOR (VOLUNTEERED)
 3. FAMILY DOCTOR (VOLUNTEERED)
 4. INTERNIST
 5. OBGYN (OBSTETRICS/GYNECOLOGY)
 6. PSYCHIATRIST
 7. OTHER KIND OF SPECIALIST
- DK

IF S5 <> OTHER KIND OF SPECIALIST GO TO QS8

S6. (What other kind of specialist?)

1. CARDIOLOGIST
 2. NEUROLOGIST
 3. PULMONOLOGIST
 4. SLEEP DOCTOR
 5. OTHER (SPECIFY ____)
- DK

S8. When was the LAST time you discussed your sleep problems with this doctor?

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

(IF R REPORTS AN AGE, PROBE: "How many years ago was that?")

(IF LESS THAN ONE WEEK, ENTER 1 WEEK)

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

WK- WEEKS < three-quarters, three-fourths = 3/4 >
MO- MONTHS < one-third = 1/3 >
YR- YEARS < two-thirds = 2/3 >

CK.S8.1: IF NO "OTHER SPECIFY" REPORTED IN QD3.1 AND QD3.3 THEN GO TO QS9

S8.2. The next questions are about how often you use prescription sleep medicines, but I do not want to ask about all the sleep medicines you told me about. I'd like you to think ONLY about your use of [LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33].

(IF NEEDED: "For the next questions, please think about only [LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33]. Is that ok?")

1. YES/CONTINUE
2. NO (CLARIFY THE TASK WITH R)
- DK (CLARIFY THE TASK WITH R)

S9. About how many nights out of 365 in the past 12 months did you take

[IF ONLY ONE USED IN PAST 12 MONTHS: NAME OF SLEEP MEDICINE 1-33/
IF 2 USED IN PAST 12 MONTHS: either of those prescription sleep medicines
that I just mentioned/
IF 3+ USED IN PAST 12 MONTHS: any of those prescription sleep medicines
that I just mentioned]?

(IF NEEDED: "Please think about only
[LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33].")

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

(IWER: PROBE "WEEKS" OR "MONTHS" RESPONSES TO MAKE SURE R IS REPORTING
NIGHTS: "Was that EVERY NIGHT during those NUMBER weeks/months?")

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

DY- NIGHTS
WK- WEEKS < three-quarters, three-fourths = 3/4 >
MO- MONTHS < one-third = 1/3 >
YR- YEARS < two-thirds = 2/3 >

IF QS9 = ZERO --> TERMINATE INTERVIEW, GO TO CON1 AND
VERIFY ADDRESS FOR \$25 INCENTIVE CHECK

S10. About how many nights out of 30 in the past month did you take

[IF ONLY ONE USED IN PAST 12 MONTHS: NAME OF SLEEP MEDICINE 1-33/
IF 2 USED IN PAST 12 MONTHS: either of those prescription sleep medicines
that I just mentioned/
IF 3+ USED IN PAST 12 MONTHS: any of those prescription sleep medicines
that I just mentioned]?

(IF NEEDED: "Please think about only
[LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33]. About how many nights
out of 30 in the past month did you take (this/any of these)?")

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

___ NUMBER OF NIGHTS IN THE PAST MONTH
DK

S11.2. Now I'm going to ask you about WHEN you take your sleep medicine.
Some people take their sleep medicine just BEFORE bedtime.
Other people take their medicine after waking up at night to

GET BACK TO SLEEP, and still other people take their medicine both before bedtime and after waking at night. Do you EVER take

[IF ONLY ONE USED IN PAST 12 MONTHS: NAME OF SLEEP MEDICINE 1-33/
IF 2 USED IN PAST 12 MONTHS: either of those prescription sleep medicines that I just mentioned/
IF 3+ USED IN PAST 12 MONTHS: any of those prescription sleep medicines that I just mentioned]

after waking at night in order to get back to sleep?

(IF NEEDED: "Please think about only
[LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33].")

1. YES
 2. NO
- DK

CK.S11.2:

IF QS11.2 <> 1
PICK A RANDOM 20% TO GO TO QIN1,
REMAINING 80% --> TERMINATE INTERVIEW, GO TO CON1 AND
VERIFY ADDRESS FOR \$25 INCENTIVE CHECK

IF QS11.2 = 1 AND
NO "OTHER SPECIFY" REPORTED IN QD3.1 AND QD3.3 THEN GO TO QS11A

ALL OTHERS GO TO QS11A

S11.4. Remember in answering the next question: I only want you to think about your use of
[LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33].

(IF NEEDED: "For the next question, please think about only
[LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33]. Is that ok?")

1. YES/CONTINUE
 2. NO (CLARIFY THE TASK WITH R)
- DK (CLARIFY THE TASK WITH R)

S11a. Do you ever take

[IF ONLY ONE USED IN PAST 12 MONTHS: NAME OF SLEEP MEDICINE 1-33/
IF 2 USED IN PAST 12 MONTHS: either of those prescription sleep medicines that I just mentioned/
IF 3+ USED IN PAST 12 MONTHS: any of those prescription sleep medicines that I just mentioned]

TWICE in one night, once at bedtime and once again after waking that same night?

(IF NEEDED: "Please think about only
[LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33]. Do you ever take (this/any of these) TWICE in one night?")

1. YES --> TERMINATE INTERVIEW WITH \$25 INCENTIVE
 2. NO
- DK

S12. Did your doctor advise you to take your sleep medicine after waking up at night to get back to sleep? Or did you decide that on your own?

1. DOCTOR TOLD R
 2. R DECIDED ON OWN
- DK

S16. (IWER: COMPLEX QUESTION. READ SLOWLY AND CAREFULLY.)

Some people who wake in the middle of the night have a PERSONAL RULE about when they will take their sleep medicine after waking at night to help get back to sleep. Do you have a rule about when to take your medicine at night after waking?

(IF NEEDED: "For instance, they might need a minimum number of hours between when they take their medicine and daytime.")

1. YES [HAS A RULE]
 2. NO [NO RULE] -----> QS18
- DK

S17. What sort of rule do you have?

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

1. R's RULE INVOLVES TIME (SPECIFY NUMBER OF HOURS _____)
 2. R'S RULE INVOLVES LIGHT (e.g., "STILL DARK")
 3. OTHER (SPECIFY _____)
- DK

S18. When you decide whether or not to take sleep medicine AFTER waking up at night, do you ever think about next-day demands on your time?

(IF NEEDED: "Some people only take sleep medicine after waking up at night when they know they can sleep late the next morning, or when they know they don't have much to do the next day.")

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

S19. Please think of ten typical times when you took sleep medicine after waking up at night. About how many times out of 10 on the next morning could you either sleep in late or "take it easy"?

(IF NEEDED: "You can use any number between 0 and 10 to answer.")

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

___ NUMBER (0-10)
DK

CK.S20: NIGHTTIME USE OF PRESCRIPTION SLEEP MEDICINES (QS10)
IN THE PAST 30 DAYS

IF QS10 = NONE/DK --> QS27
IF QS10 <> 1 --> QS22

S21. Please think about the one night you used sleep medicine in the past 30 nights. Did you use it after waking up that night to get back to sleep?

1. YES
2. NO
- DK

GO TO QS27

S22. Earlier, you said that you used sleep medicine about [QS10] nights in the past 30 days. About how many of those [QS10] nights did you take your medicine AFTER WAKING at night to get back to sleep?

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

___ NUMBER OF NIGHTS IN THE PAST MONTH
DK

S27. When you take your medicine after waking up at night, about how many hours are there usually between the time you take the medicine and the time you want to get up the next morning?

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

(IF R GIVES A FRACTION 1/2 OR LESS, ROUND DOWN.)

(IF R GIVES A FRACTION MORE THAN 1/2, ROUND UP.)

___ NUMBER OF HOURS
97. NO WAKE-UP TIME NECESSARY (VOLUNTEERED)
DK

S(28-30). [How much do you think taking sleep medicine after waking up at night,/
(How much do you think taking sleep medicine after waking up at night)/
(How about),]

28. "helps you get back to sleep and remain asleep throughout the night?"

29. "helps improve your general performance the next day?"

30. "has any BAD effects on you the next morning, like making you more likely to have trouble waking up, feel groggy when you do wake up, or miss work?"

[Would you say.../(Would you say...)]

[(READ LIST)/(READ LIST IF NECESSARY)]

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

DK (DO NOT READ)

INSOMNIA (IN)

INTRO.IN1

The next few questions are about your sleep patterns: both as they are now with your prescription sleep medicine and also as you recall them being before you began taking sleep medicine.

IN1. Imagine that you were unable to take any prescription sleep medicine at all. About how many nights out of seven in a typical week do you think you would 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 ---> QIN3
7. EVERY NIGHT/ALL OF THEM
DK -----> QIN3

IN2. On average, about how long would it take you to get to sleep on [that night/those [QIN1] nights]?

(IF R WOULD NEVER FALL ASLEEP, ENTER 9999 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	>

IN3. If you could not take any sleep medicine, about how many nights out of seven in a typical week would you have problems REMAINING 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 ---> QIN8

7. EVERY NIGHT/ALL OF THEM

DK -----> QIN8

IN4. On average, about how much time would you spend awake on [that night/those [QIN3] nights]?

(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 >

IN5. About how many times per night would you usually wake up during [that night/those [QIN3] nights]?

(IF NEEDED: "On the nights when you had a problem staying asleep, how many times would 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

IN7. About how long would it normally take you to get back to sleep once you woke up after [that awakening/those [QIN5] awakenings]?

(IF R NEVER FALLS BACK TO SLEEP, ENTER 9999 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 >

IN8. If you could not take any sleep medicine, how many mornings out of seven

in a typical week would you wake up before your alarm clock rang?

(IWER: IF R SAYS, "I DON'T HAVE AN ALARM CLOCK"

PROBE: "How many mornings (out of seven in a typical week) would you wake up before you wanted 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 MORNINGS IN A TYPICAL WEEK

0. NONE/NEVER/LESS THAN 1 -----> QIN10

7. EVERY MORNING/ALL OF THEM

DK/NO ALARM CLOCK -----> QIN10

IN9. About how much too early would you wake up on [that morning/those [QIN8] mornings]?

(IF NEEDED: "On the days you woke up too early, how much earlier would 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 >

IN10. If you could not take any sleep medicine, about how many mornings out of seven in a typical week would 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 -----> QIN14

7. EVERY MORNING/ALL OF THEM

DK -----> QIN14

IN11. How severe would your problem being tired or unrested be on [that morning/those [QIN10] mornings] when you woke up? Would you say ...

(READ LIST)

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

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

DK (DO NOT READ)

IN14. For how many weeks, months, or years have you had sleeping 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		

CK.IN15: GENERATE A 0-4 COUNT OF THE NUMBER OF TIMES THE FOLLOWING IS TRUE:
QIN1 = 0 OR QIN3 = 0 OR QIN8 = 0 OR QIN10 = 0

IF SUM = 4 --> GO TO QD1
IF SUM = 3 --> GO TO QIN17

NOTE ABOUT RESPONSE OPTIONS IN QIN16:

QIN1 = 1-7 THEN OPTION 1 APPEARS
QIN3 = 1-7 THEN OPTION 2 APPEARS
QIN8 = 1-7 THEN OPTION 3 APPEARS
QIN10 = 1-7 THEN OPTION 4 APPEARS

IN16. 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. WAKING UP IN THE MIDDLE OF THE NIGHT,
 3. WAKING TOO EARLY, OR
 4. FEELING TIRED AND UNRESTED IN THE MORNING?
 5. NONE OF THE ABOVE (DO NOT READ)
- DK (DO NOT READ)

IN17. About how many hours on average do you usually sleep in a 24-hour period, including naps?

(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 >

INTRO.IN19

The next questions are about how much your sleep problems would interfere with your life in various ways IF YOU COULDN'T TAKE ANY PRESCRIPTION SLEEP MEDICINE.

IN(19-24). [Without any sleep medicine, how much do you think your sleep problems,/
(Without any sleep medicine, how much do you think your sleep problems)/
(How about),]

19. "might cause you to have difficulties with attention, concentration, or memory?"
20. "might make you feel fatigued or low in motivation during the day?"
21. "might make you more prone to accidents?"
22. "might affect your mood like irritability, nerves, worry, or depression?"
23. "might cause you to have physical health problems like headaches, upset stomach, diarrhea, or constipation?"
24. "might interfere with your performance at work, school, or in social activities?"

[Would you say.../(Would you say...)]

[(READ LIST)/(READ LIST IF NECESSARY)]

(IF NEEDED: "Please think about PRESCRIPTION sleep medicine only, not over-the-counter meds.")

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

DK (DO NOT READ)

IN25. Using a 0 to 10 scale, where 0 means NO INTERFERENCE and 10 means VERY SEVERE INTERFERENCE, about how much would your sleep problems have interfered with your daily activities over the past 30 days if you had not been able to use [LIST ALL DRUGS QD3.1=1-33 AND QD3.3=1-33]?

(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 30 DAYS.")

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

DK

IN26. But you are able to use [IF ONLY USED ONE: NAME OF SLEEP MEDICINE/IF USED 2+ MEDS: sleep medicine]. Given that this is the case, how much did sleep problems interfere with your daily activities over the past 30 days using that same 0 to 10 scale?

(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 30 DAYS.")

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

DK

IN27. About how many days out of 30 in the past month did you have any impairment in your daytime functioning because of your sleep problems?

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

___ NUMBER OF DAYS IN THE PAST MONTH

DK

SOCIO-DEMOGRAPHICS

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/SOME SCHOOL BUT NOT HS GRAD)
3. HIGH SCHOOL, (GED)
4. JUNIOR COLLEGE, OR
(COMMUNITY COLLEGE/ASSOCIATES DEGREE/SOME COLLEGE)
5. COLLEGE?

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

D4.1. Are you of Hispanic origin or descent?

1. YES
2. NO
- DK

D4.2. 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)

EMPLOYMENT

EM1. Are you ...

(READ LIST) (SELECT ALL THAT APPLY)

01. EMPLOYED, (FULL TIME/PART TIME/ANYTHING FOR PAY)
02. SELF-EMPLOYED, (OWN BUSINESS)
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

EM3. About how much time do you typically spend in bed [the night before a work day/on a typical week day night], 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	>

EM4. 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	>

 IF QEM1 <> EMPLOYED OR SELF-EMPLOYED --> GO TO CON1 AND VERIFY ADDRESS FOR \$25 INCENTIVE CHECK

EM6. 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)

EM7. 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

97. 97 OR MORE HOURS

DK

EM8. About how many hours PER WEEK did you work on average over the PAST 30 DAYS?

(IF R WORKS MULTIPLE JOBS: "Please add up all the hours you worked on all your jobs combined.")

____ NUMBER OF HOURS WORKED PER WEEK OVER PAST 30 DAYS

97. 97 OR MORE HOURS

DK

EM9. On a scale from 0 to 10, where 0 is the WORST job performance anyone could have, and 10 is the performance of a TOP WORKER, what number would describe your job performance over the past 30 days?

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

DK

EM10. 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 ---> QEM12

DK -----> QEM12

EM11. 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

EM12. [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 ---> END
- DK -----> END

EM13. 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

CON1. Those are all the questions I have. I just need to confirm your full name and address where we should send your 25 dollar check for completing this survey?"]

(IWER: SELECT OPTION AND INPUT CORRECT DATA, VERIFY INFORMATION)

01. FIRST NAME [CON1.FNAME]
02. LAST NAME [CON1.LNAME]
03. ADDRESS [CON1.ADD]
04. ADDRESS 2 [CON1.ADD2]
05. CITY [CON1.CITY]
06. STATE [CON1.ST]
07. ZIP [CON1.ZIP]

08. DONE
09. REFUSED/DON'T WANT CHECK

CHECK25. Great. You can expect to receive your 25 dollar check for completing this survey in the next couple of weeks.

END.

Those are all the questions I have.

I want to thank you very much
for participating in the survey.

(RC = [RC%])