



## **HCHS/SOL SUENO Ancillary Study (AS#2008.08) QxQs**

NHLBI grant: Ancillary to HCHS/SOL: Sleep Patterns as risk factors for disease in the Hispanic Community Health Study ([R01 HL098297](#), S Patel)

**ANE** - Administrative Screening Form QxQ

**MDE/MDS** - Medication Use

**APE** - Anthropometry Form

**MQE/MQS** - Medical History

**SSE/SSS** - Sleep Attitudes

**WSE/WSS** - Work Schedule

**SPE/SPS** - Sleep Questionnaire

**NSE/NSS** - Neighborhood Stress

**SQE/SQS** - Sleep Questionnaire II

**ATE/ATS** - Acculturation Stress

**WLE/WLS** - Well Being

## Sueño – Sleep Habits in HCHS/SOL

### Screening Form (ANE) Question by Question Instructions

#### General Instructions

The screening form (ANE) is completed at the time of screening call of identified HCHS/SOL participants that may be eligible for Sueño. The form will document individual eligibility and enrollment into the ancillary study. It is important to complete a form for each participant who is screened for the ancillary study in order to estimate refusal rates. Unbiased estimates of refusal rates will enable the investigators to manage recruitment more efficiently and to be able to characterize enrollment.

Once part A of each form is complete, it should be keyed immediately into the Sueño study data management system within 48-72 hours after collection. Note that weekly recruitment and scheduling reports that are being shared with the study investigators and project office based on data from these forms. Part B of the form is automatically filled by the HCHS/SOL DMS using information from the main study baseline files.

#### Question by Question Instructions

##### **PART A**

- Q1** This question asks the respondent his/her language of preference. If the respondent does not feel comfortable communicating in either Spanish or English, the person is ineligible. Read the closing script and end call with respondent. Continue to Q6 to complete individual participation status.  
If a person responds, “It does not matter”, probe further to determine his/her language of preference. Mark either Spanish or English. Continue to Q2.
- Q2** The question asks if the respondent is within the age limits of the study. If they have not yet had their 18<sup>th</sup> birthday or have had their 65<sup>th</sup> birthday, then they are ineligible. Read the closing script, end call with respondent and continue to Q6 to complete individual participation status. If respondent is between 18 and 64 years of age (inclusive), continue to Q3.
- Q3** The question asks about diagnosis of narcolepsy. If they were diagnosed by a physician with narcolepsy they are ineligible. Read the closing script, end call with respondent and continue to Q6 to complete individual participation status. If respondent has never been diagnosed with narcolepsy by a physician even if they believe they may have the disease, continue to Q4.
- Q4** The question asks about usage of CPAP or BiPAP for the treatment of sleep apnea. If they have used CPAP or BiPAP in their home for sleep apnea they are ineligible. Read the closing script, end call with respondent and continue to Q6 to complete individual participation status. If respondent has never used CPAP or BiPAP or only used it while in the hospital, continue to Q5.
- Q5** This question only needs to be asked of female respondents; it asks if the respondent is currently pregnant. For male respondents automatically mark “no” and continue to Q6. If the respondent is currently pregnant, it does not necessarily exclude them. The respondent can be deferred until 3 months after their delivery date. If the respondent is pregnant, continue to Q5a. If the respondent is not pregnant, continue to Q6

- Q5a The question assesses whether the respondent would be willing to participate after delivery. If they are not interested in deferring until after delivery, then they are ineligible; read the closing script, end the call and continue to Q6. Please indicate on Q6 that the respondent refuses to participate (not ineligible). If the respondent is interested in deferring, continue to Q5b.
- Q5b The question asks the respondent their due date. Record date. This information will be used to determine when the respondent should be re-contacted and screened again for eligibility. Continue to Q6.
- Q6 This question is for administrative purposes only. It is a status code for the individual level eligibility.  
 Refuses to participate – respondent is not interested in ancillary study participation/not interested in deferring if pregnant. Participants who miss multiple appointments should have their status changed to this status.  
 Unable to contact, eligibility not confirmed – NO contact has been made after the required number of attempts to contact this individual, and his/her individual eligibility status is unknown. The required number of attempts is determined based on local Field Center procedures.  
 Ineligible – respondent may be ineligible due to one of the following criteria for participation:  
 (1) Respondent is not between 18 and 64 years of age,  
 (2) Respondent has diagnosis of narcolepsy  
 (3) Respondent has used CPAP or BiPAP for the treatment of sleep apnea  
 Agrees to participate – Respondent agrees to participate. Go to 6a to schedule interview. Remember to change the appointment date/time if the subject reschedules.
- Q6a Set appointment date and record with two digit month, two digit day, and four digit year.
- Q6b Set appointment time and record with two digit hour and two digit minute. Record “AM/PM” in the spaces provided.

## **PART B**

- Q7-Q10 The demographic characteristics for the participants are automatically filled by the HCHS/SOL data management system. Leave blank; there is no need to enter this information for the ancillary study.

## Sueño – Sleep Habits in HCHS/SOL

### Medication Usage (MDE/MDS) Question by Question Instructions

#### General Instructions

The purpose of the Medication Survey is to assess medication usage in the four weeks preceding the examination date. Information on both prescription and over-the-counter medications is ascertained via scanning of bar code symbols, transcription of labels, and interview. To obtain this information, the participant is asked prior to the clinic visit to bring to the field center all medications, over-the-counter preparations, vitamins, minerals, and dietary supplements taken in the four-week period preceding the visit, or their containers. Notification of this request is mailed to the participant with the written instructions for the exam visit, and is re-stated during the appointment reminder call.

Interviewers require certification in interviewing techniques and familiarity with the data entry procedures for electronic and paper versions of the form. Paper data entry and subsequent keying will only be used in the event of equipment malfunction or DMS inaccessibility. Scanners / transcribers of medication information also require certification.

#### Question by Question Instructions

##### Administrative Information

**Item 0a:** Enter the date the participant was seen in the clinic. Use leading zeroes where necessary to fill all boxes. For example, September 3, 2007 would be entered as:

0	9	/	0	3	/	2	0	0	7
---	---	---	---	---	---	---	---	---	---

**Item 0b:** The staff person completing this form must enter their three-digit Staff ID number in the boxes provided.

#### **A. Reception**

**Item 1:** Read the question as written.

1. Did you bring all the medications that you used in the past four weeks, or their containers?

- Yes, all .....1 → **Go to Section B Item 5**  
 No, Some of them .....2 → **Go to Section A, Item 3**  
 No, None of them .....3

If the response is “Yes, all”, go to Section B (MEDICATION RECORD) and begin the scanning / transcription. As the participant delivers the medications, indicate where (and by whom) they will be returned before he / she leaves. Mention that medication names will be scanned / copied from the labels, and that if required, medications will be taken out of their container only in the presence of, and with approval of the participant. Finally, indicate that a trained interviewer will later ask a few questions about some specific medications. Do not transcribe medications until the participant has signed the informed consent.

If the response is “Some of them”, go to Item 3 to make arrangements for those medications which were not brought and scan / transcribe those medications which were brought in Section B (MEDICATION RECORD).

If the response is “No”, proceed to the next item.

**Item 2:** Read the question as written.

2. Is this because you forgot, because you have not taken any medications at all in the last four weeks, or because you could not bring your medications?

Took no medications.....0 → **Go to Section C, Item 34**  
 Forgot or was unable to bring medications..... 1

If the response is “Took no medications” in the past four weeks, Section A ends here. Leave Section B (MEDICATION RECORD) blank and skip to INTERVIEW, Section C (field or screen forward). Item 33 is left blank, and the interviewer continues administering items 34-40.

If the response is “Forgot or was unable to bring medications”, reassure the respondent and proceed to the next item.

**Items 3-4:** Read item 3 as written. Ideally, follow-up involves the participant returning to the field center with the medications for Scanning / Transcription. Reasonable alternatives to the ideal include recording the medications at the participant’s home (especially those sites that will be retrieving the actigraphs from the participant’s homes) or telephone interview.

3. May we follow up on this after the visit so that we can get the information from the other medication labels? (Explain follow-up options)

No or not applicable.....0 →  
 Yes ..... 1

**Scan / transcribe what you can in Section B. Attempt to convert refusals and indicate this on tracking form**

If the participant agrees to follow-up, make arrangements for obtaining the information Describe the method of follow-up in item 4. If the participant brought some medications, complete as much of Section B (MEDICATION RECORD) as possible before going on to Item 33. If participant follow-up occurs and additional or a complete list of medications are given, make sure to update this form starting with Question 1 in Section A.

In case of deliberate omission to bring medications to the field center, attempt participant conversion. Leave Section B (MEDICATION RECORD) blank if no medications were brought in. Even if the participant declines to bring in (or provide medication names by telephone), attempt to complete as much of Section C (INTERVIEW) as possible. If the participant has not brought his / her medications, but remembers the medication name, strength and units of all medications taken during the previous four weeks with confidence, the interviewer should record this information, but arrange a follow-up to confirm its accuracy.

**B. MEDICATION RECORD**

**Introduction:** Section B (MEDICATION RECORD) is designed to document information about each medication used by participants. Bar Code Scanning / Transcription includes recording the Universal Product Code (UPC) / National Drug Code (NDC) in section (a), the name in section (b), the strength in section (c), and the units in section (d) for each medication used within the four weeks prior to the interview.

**Medication UPC / NDC, Medication Name, Strength, and Units (Items 5-29a-d)**

**Overview:** Separate the medications into those with and without a UPC-labeled container. Attempt to scan the UPC-labeled containers. Set aside containers that are scanned *successfully* (automatically linked to information in sections [b-d] that matches information on their labels). For medications in UPC-labeled containers that cannot be scanned *successfully* (as defined above), transcribe the UPCs. When UPCs cannot be transcribed *successfully*, transcribe NDCs, if available, or medication names. When NDCs and medication names cannot be transcribed *successfully*, manually transcribe as much information as possible in sections (a-d).

**Scanning:** A UPC bar code symbol is a pattern of black bars and white spaces, below (or above) which are twelve numbers. In example [1], the first six numbers—614141—comprise the globally unique company prefix assigned by the Uniform Code Council. The next five—54321—comprise the item reference. The last—2—is a computer-generated check digit used to verify accuracy. The symbol encodes all twelve numbers (collectively referred to as the Global Trade Item Number [GTIN]). In this context, we informally refer to the GTIN as a Universal Product Code (UPC). A ten- or eleven-digit National Drug Code (NDC), which by federal law is assigned to all pharmaceuticals sold in the U.S., is often represented within the UPC and recorded elsewhere on medication packaging. Several variations in UPC / NDC spacing, and hyphenation are illustrated in examples [2-3]. Scan the bar code symbol with the wand to capture the UPC / NDC. Rescan it as needed. ***EXTREMELY IMPORTANT: JUDGE SUCCESS OF THE SCAN BY VERIFYING THAT THE INFORMATION THAT AUTOMATICALLY POPULATES SECTIONS (B-D) MATCHES INFORMATION ON THE MEDICATION LABEL.***



UPC / NDC: 306030048167 .....311017110010  
 Name: Azo-Septic .....Dr. Scholl's Clear Away Plantar

Strength: 95 .....40  
 Units: MG %

**Transcription:** Transcribe all medications without a UPC-labeled container *and* those with a UPC-labeled container that cannot be scanned *successfully* (as defined above). Specifically, in section (a), transcribe the unsuccessfully scanned UPC, if possible. If the UPC cannot be transcribed *successfully*, transcribe the NDC in section (a). The NDC is often recorded elsewhere on the medication packaging. If the NDC cannot be transcribed *successfully* transcribe in section (b) the complete medication name as written on the container. Medication labels may contain standard abbreviations (Table 1). In section (c), transcribe the numeric strength (weight for solids and concentration for non-solids). In section (d), transcribe the units that measure strength using a standard abbreviation (Table 2). Formatting and transcription standards are detailed below.

**Table 1. Standard abbreviations of medication names**

Medication Name	Abbreviation	Medication Name	Abbreviation	Medication Name	Abbreviation
<b>A</b> Acetaminophen	APAP	Aluminum	AL	Amitriptyline	AMITRI P
Antibiotic	ANTIBIO	Antihistamine	ANTI HIST	Arthritic	ARTHR
Aspirin	ASA	Aspirin, phenacetin & caffeine	APC	Ammonium	AMMON
<b>B</b> Balanced Salt Solution	BSS	Buffered	BUF		
<b>C</b> Caffeine	CAFF	Calcium	CA	Capsules	CAP
Carbonate	CARBON	Chewable	CHEW	Chlordiazepoxide	CHLOR DIAZ
Chloride	CL	Chlorpheniramine	CHLORPH EN	Codeine	COD
Compound	CPD or CMP or CMPD	Concentrate	CON		
<b>D</b> Decongestant	DECONG	Dextromethorphan	DM	Dioctylsodium sulfosuccinate	DSS
<b>E</b> Expectorant	EXP	Extra	EX		
<b>F</b> Ferrous	FE	Fluoride	FL	Formula	FORM
<b>G</b> Gluconate	GLUCON	Glyceryl Guacolate	GG	Guaifenesin	GG
<b>H</b> Hydrochloride	HCL	Hydrochlorthiazide	HCTZ	Hydrocortisone	HC
Hydroxide	HYDROX				
<b>I</b> Inhalation	INHAL	Injection	INJ	Intravenous	IV
<b>J</b> Junior	JR				
<b>L</b> Laxative	LAX	Liquid	LIQ	Long acting	LA
Lotion	LOT				
<b>M</b> Magnesium	MG	Maximum	MAX	Minerals	M
Multivitamins	MULTIVIT				
<b>N</b> Nitroglycerin	NTGN				
<b>O</b> Ointment	OINT	Ophthalmic	OPHTH		
<b>P</b> Penicillin	PCN	Pediatric	PED	Perphenazine	PERPHE N

Phenobarbitol	PB	Phenylephrine	PE	Phenylpropanolamine	PPA
Potassium	K	Potassium Chloride	KCL	Potassium Iodide	KI
Powder	PWD	Pyrimamine	PYRIL		
<b>R</b> Reliever	REL				
<b>S</b> Simethicone	SIMETH	Sodium	SOD	Solution	SOLN
Strength	STR	Suppository	SUPP	Suspension	SUSP
Sustained action	SA	Sustained release	SR	Syrup	SYR
<b>T</b> Tablets	TAB	Theophyllin	THEOPH	Therapeutic	T
Time	TD				
disintegration					
<b>V</b> Vaccine	VAC	Vitamin	VIT		
<b>W</b> With	W				

**Table 2. Standard abbreviations of metric units**

Units	Standard Abbreviation	Units	Standard Abbreviation
Anti-Clotting Factor Xa International Units/Milliliter	A-XA IU/ML	Milligram/Drop	MG/DROP
Billion Cells of Lactobacilli	B CELL	Milligram/Gram	MG/GM
Bioequivalent Allergy Units/Milliliter Actuation*	BAU/ML ACT	Milligram/Inhalation‡	MG/INH
Enzyme-Linked Immunosorbent Assay Units/Milliliter	ELU/ML	Milligram/Hour	MG/HR
Gram†	GM	Milligram/Milligram	MG/MG
Gram/Dose	GM/DOSE	Milligram/Milliliter	MG/ML
Gram/Gram	GM/GM	Milligram/Spray	MG/SPRAY
Gram/Milliliter	GM/ML	Milligram/Teaspoon§	MG/TSP
Kallikrien Inactivator Units/Milliliter	KIU/ML	Milliliter	ML
Flocculation Units	LFU	Milliliter/Milliliter	ML/ML
Megabecquerels/Milliliter	MBQ/ML	Millimole	MMOLE
Microgram†	MCG	Millimole/Milliliter	MMOLE/ML
Microgram/Actuation	MCG/ACT	Million International Units	MIU
Microgram/Hour	MCG/HR	Million International Units/Milliliter	MIU/ML
Microgram/Inhalation‡	MCG/INH	Million Units	MU
Microgram/Milliliter	MCG/ML	Million Units/Gram	MU/GM
Microgram/Spray	MCG/SPRAY	Million Units/Milliliter	MU/ML
Microgram/Square Centimeter	MCG/SQCM	Minim	MINIM
Millicuries/Milliliter	MCI/ML	Minim/Milliliter	MINIM/ML
Milliequivalent	MEQ	Percent	%
Milliequivalent/Gram	MEQ/GM	Plaque Forming Units/Milliliter	PFU/ML
Milliequivalent/Liter	MEQ/L	Protein Nitrogen	PNU/ML
Milliequivalent/Milligram	MEQ/MG	Units/Milliliter¶	
Milliequivalent/Milliliter	MEQ/ML	Unit	UNIT
		Unit/Actuation	UNIT/ACT
		Unit/Gram	UNIT/GM

Milligram†	MG	Unit/Milligram	UNIT/MG
Milligram/Actuation	MG/ACT	Unit/Milliliter	UNIT/ML

\*Actuation = activation of a dispensing device. †1 GM = 1000 MG; 1 MG = 1000 MCG. ‡Of aerosolized powder. §Of e.g. powdered or granulated oral medications. ¶Of allergenic extracts.

**Standard Format:** Beginning with item 5, transcribe the numeric UPC / NDC (a) working from the right-most box. Transcribe all parts of each medication name as written on the container (b), numeric strength (c), and standard units (d). If using the paper form, carefully transcribe medication name and units in UPPER CASE CHARACTERS (CAPITAL LETTERS). When necessary, use a period (.) to indicate the location of a decimal point in strength and a forward slash (/) to separate active ingredients of generic products, their respective strengths and units. In every case, transcribe in standard format even when the same information or a portion of the information appears in the previous item. Do not use ditto marks (") to indicate a repeat of the previous item.

**Medication UPC / NDC (Items 5-29a):** Transcribe the UPC / NDC when it cannot be scanned *successfully* (as defined above). Be sure to transcribe the first and last numbers of the UPC which may be found in the lower (middle or upper) left and right regions of the UPC bar code symbol (e.g. 6 and 2 in example [1], above).

**Medication Name (Items 5-29b):** Transcribe the medication name using a forward slash (/) to separate active ingredients of generic medications. *EXTREMELY IMPORTANT: DO NOT TRANSCRIBE E.G. MANUFACTURER NAME, FLAVOR, WHETHER MEDICATIONS ARE SUGAR-FREE, OR LOW-SODIUM.* Since a few companies have trademarked their formulation (dosage form), the complete medication name may include it. Although we do not transcribe the number of pills dispensed, the prescribed dose, actual dose, or frequency of medications taken, medication names also may include numbers or characters that can be mistaken for number dispensed, dose or frequency. If in doubt, it is preferable to include questionable information in the medication name to facilitate identification, coding and classification. Therefore, transcribe all formulations, numbers and characters that may be part of the medication name. Examples are provided in Table 3. Standard abbreviations of medication names were provided in Table 1 (above).

**Table 3. Examples of medication names that include special formulations, numbers or characters**

Medication Name	
DILANTIN KAPSEALS*	ORTHO-NOVUM 10/11-28
ASA ENSEALS†	STUARTNATAL 1 + 1
ANACIN-3	NPH ILETIN I
ACEROLA-C	SK-AMPICILLIN
TRIAMINIC-12	CALTRATE 600 PLUS VITAMIN D
OVRAL-28	HCTZ/TRIAMTERENE‡

\*Kapseals = capsules. †Enseals = enteric-coated capsules. ‡The “/” separates HCTZ (hydrochlorothiazide) and triamterene, two active ingredients.

**Strength (Items 5-29c):** The strength of most solid medications is given in number of milligrams. Transcribe the numeric strength (weight for solids and concentration for non-solids) using a period (.) to indicate the location of a decimal point and a forward slash (/) to separate the strength of active ingredients of generic products (e.g. medication name = HCTZ/TRIAMTERENE, strength = 25/37.5).

**Units (Items 5-29d):** Transcribe the metric units that measure strength using one of the standard abbreviations in Table 2 (continuing the above example, units = MG/MG). Prior metric conversion of non-standard units (e.g. for liquids: 1 fluid ounce = 30 ML; 1 tablespoon = 15 ML; 1 teaspoon = 5 ML; and for solids: 1 grain = 65 MG; 1 ounce = 31 GM) may be necessary in unusual cases. Note that for insulin, strength is often given in number of units per milliliter (e.g. 100U/ML, 100/ML and U100). All three of these non-standard abbreviations are equivalent to the preferred format (strength = 100; units = UNIT/ML).

**Combination Medications:** Combination medications contain multiple active ingredients (two or more medications in a single formulation). For example, consider a brand name combination of HCTZ 25 MG and TRIAMTERENE 37.5 MG called DYAZIDE. In the U.S., it is sold only in this fixed combination. Because fixed combination medications do not generally list a strength (c) or units (d), these fields may be left blank when transcribing them (i.e. medication name = DYAZIDE; strength =   [blank]  ; units =   [blank]  ). Other combination medications are sold in more than one fixed combination. For example, consider a brand name combination of HCTZ and PROPRANOLOL called INDERIDE (LA). In the U.S., it is sold in many different combinations (HCTZ 25 or 50 MG and PROPRANOLOL 40, 80, 120 or 160 MG). Because variable combination medications generally list the strength and units, complete these fields when transcribing them (i.e. medication name = INDERIDE; strength = 25/40 or 25/80; units = MG/MG; or medication name = INDERIDE LA; strength = 50/80, 50/120 or 50/160; units = MG/MG).

**Examples:** Feosol Iron Supplement Therapy 45 mg

#	(a) Medication UPC / NDC											Medication name (b)	
5.	3	4	9	6	9	2	9	4	1	6	0	5	FEOSOL IRON SUPPLEMENT THERAPY
	(c) Strength						(d) Units						
	45						MG						

Lipitor 10 mg

#	(a) Medication UPC / NDC											Medication name (b)	
6.	3	0	0	7	1	0	1	5	5	2	3	7	LIPITOR
	(c) Strength						(d) Units						
	10						MG						

Regular Strength Tylenol 325 mg

#	(a) Medication UPC / NDC											Medication name (b)	
7.	5	0	5	8	0	4	9	6	6	0			REGULAR STRENGTH TYLENOL
	(c) Strength						(d) Units						
	325						MG						

Neosynephrine Regular Strength ½ percent

#	(a) Medication UPC / NDC	Medication name (b)
8.	3 0 0 2 4 1 3 5 3 0 1 0	NEOSYNEPHRINE REGULAR STRENGTH
	(c) Strength	(d) Units
	0.5	%

Metamucil 3.4 g per dose

#	(a) Medication UPC / NDC	Medication name (b)
9.	0 3 7 0 0 0 7 4 0 7 8 0	METAMUCIL
	(c) Strength	(d) Units
	3.4	G/DOSE

Robitussin 100 mg per teaspoon

#	(a) Medication UPC / NDC	Medication name (b)
10.	3 0 0 3 1 8 6 2 4 1 2 8	ROBITUSSIN
	(c) Strength	(d) Units
	100/5	MG/ML

Magnesium Citrate Solution 1.745 g per ounce

#	(a) Medication UPC / NDC	Medication name (b)
11.	8 4 0 9 8 6 0 1 0 2 5 5	MAGNESIUM CITRATE SOLUTION
	(c) Strength	(d) Units
	1.745/30	G/ML

**Prioritizing Transcription:** Polypharmacy tends to increase with age, but even if a participant is using more than 25 medications, only 25 can be transcribed in items (5-29). Therefore, prioritize transcription if there are more than 25 medications. If it is clearly necessary to defer prioritization, transcribe the UPC (a), name (b), strength (c), and units (d) of additional medications on the back of the last page of the form. Deferral may allow more effective prioritization based on the number and type of medications available for transcription. In any case, use the following algorithm to guide prioritization: [1] prescription medications; then [2] aspirin, aspirin-containing medications and non-steroidal anti-inflammatory drugs (e.g. Alka-Seltzer, headache powders, cold or arthritis medications, et cetera); followed by [3] other over-the-counter preparations; and finally [4] vitamins and food supplements.

**The Medication Dictionary:** For reference, paper versions of the Medication Dictionary will be distributed to each Field Center. The dictionary lists medication names (trade / brand and generic ingredient) in alphabetical order. Medication names that begin with a number, ditto ("), or a hyphen (-) are listed first. If a medication name is separated by a hyphen (-), the portion of the name preceding the hyphen is listed in alphabetical order. Strength and units are not included in the dictionary, so only use the numbers appearing in it to differentiate between medications.

**Preparing to Use the Medication Dictionary:** Before using the medication dictionary to look up a

medication, first check the spelling of its transcribed name against its container's label. Verify that numbers referring to quantity dispensed, dose, or frequency were not inappropriately transcribed as part of the medication name because they should not be used in the matching process. Be aware that while some pharmacists use standardized abbreviations (Table 1, above) others do not. Also be aware that some medications use suffixes to distinguish between different combinations containing the same primary ingredient (Table 4).

**Table 4. Examples of medication suffixes used to distinguish combinations**

Medication Name	1° Ingredient	2° Ingredients	
DARVON	propoxyphene hydrochloride		
DARVON N	propoxyphene napsylate		
DARVON W ASA	propoxyphene hydrochloride	aspirin	
DARVON CMPD	propoxyphene hydrochloride	aspirin	caffeine

**Using the Medication Dictionary:** Use the dictionary as needed to look up medications (that when scanned or transcribed) do not automatically populate sections [a-d] with an appropriate match or list of potential matches from which to choose. For medication names containing more than one word, look for a match of the complete medication name in the dictionary. If the complete name matches, enter the corresponding UPC. If a complete match cannot be found, but the dictionary contains a single entry for the ingredient(s) in the medication (usually the first word of the medication name), and there are no other entries containing this word, select the corresponding UPC. This often occurs when [1] the brand *and* generic medication name are transcribed, but only one is in the dictionary; [2] the formulation of the medication is transcribed, but is not in the dictionary; [3] the manufacturer name is transcribed, but is not in the dictionary; or [4] words referring to other ingredients are transcribed, but are not in the dictionary or are in the dictionary in a different order (Table 5). ***EXTREMELY IMPORTANT: IF A MEDICATION NAME IS NOT IN THE DICTIONARY, DO NOT GUESS AT A MATCH. SIMPLY SET THE STATUS CODE TO Q (QUESTIONABLE) SO THAT THE COLLABORATIVE STUDIES COORDINATING CENTER CAN INVESTIGATE.***

**Table 5. Examples of medication names that may not automatically populate sections [a-d]**

Medication Name Transcribed As	Reason For Failure	Re-Transcribe As
CORDARONE/AMIODARONE	CORDARONE is the brand name for AMIODARONE	AMIODARONE
DIMETAPP ELIXIR	ELIXER is the formulation	DIMETAPP
ECKERD ALLERGY RELIEF TABS	ECKERD is the manufacturer	ALLERGY RELIEF
TYLENOL NO. 3	NO. 3 refers to another active ingredient (codeine)	APAP W CODEINE

**Items 30-31:** Once all medications that can be successfully scanned or transcribed have been processed, count the total number of different medications (including those that cannot be successfully scanned or transcribed). Item 30 mentions the total number of medications in the bag. The parent study sent bags for the participants to put their medications in when they reported for their visit. However, Sueño is not providing bags to the participants so the “bag” part of the question can be ignored. Enter the total number of medications that were brought into the visit in Item 30. Set aside loose pills, containers that are unmarked, unclearly labeled, or hold more than one medication (e.g. medisets), if necessary in consultation with another trained staff person, for later examination by a trained interviewer. Add the number of medications that you are unable to successfully scan or

transcribe. Enter this number in Item 31. For example, if there were 7 medications brought in by the participant, and you were able to successfully scan or transcribe 5 of them, Items 30 and 31 would be completed as follows:

30. Total number of medications in bag ..... 

0	7
---	---

31. Number of medications unable to successfully scan or transcribe... 

0	2
---	---

**Items 32a,b:** The staff person scanning / transcribing the medications must enter their three-digit HCHS/SOL Staff ID number in item 32a and the date of medication scanning / transcription in item 32b. If necessary, make a note on the Medication Survey Form, and inform the participant that a trained interviewer will ask for help identifying loose pills and medications in containers that are unmarked, unclearly labeled, or hold more than one medication. ***EXTREMELY IMPORTANT: AT NO TIME SHOULD MEDICATIONS BE LEFT UNATTENDED IN THE RECEPTION AREA OR MEDICATION CONTAINERS BE OPENED IN THE ABSENCE OF THE PARTICIPANT.***

### C. MEDICATION USE INTERVIEW

**Identifying Unknown Medications:** Determine from Item 31 on the form at the end Section B whether there are any medications that were not successfully scanned or transcribed including loose pills, medications in containers that are unmarked, unclearly labeled, or hold more than one medication. With the participant's help, read the imprint(s) on each unknown pill, then search [1] the *Facts and Comparisons Drug Identifier* on your computer, or if necessary, [2] the *Ident-A-Drug, Reference* on the web ([www.identadrug.com](http://www.identadrug.com); username=          ; password=          ) to identify each pill from its imprint(s), shape, and / or color. If possible, record the UPC / NDC (a) or medication name (b) and if not transcribed *successfully* (as defined above), its strength (c) and units (d). If the medication cannot be identified, record UNKNOWN and the imprint(s) under medication name (b) and draw two horizontal lines (=) through the boxes for the UPC / NDC (a). If additional medications can be identified and recorded, adjust the total for item 31 accordingly. Thereafter, probe the participant about any other medications that may have been taken in the previous four weeks. For additional medications recalled by the participant, record with as much detail as possible the medication name (b), and if not automatically linked to information in sections [c-d] that matches information provided by the participant, strength (c), and units (d). If there is any doubt, arrange for follow-up to obtain more accurate information from the participant.

During the remainder of the Medication Survey interview or during a subsequent interview, the participant may recall other medications taken during the past four weeks. Transcribe the medication UPC (a), name (b), strength (c) and units (d) of each just as if they had been brought in. However, do not adjust the total for item 31. This documents that information on some medications was provided from the participant's memory.

**Items 33a-1:** Following the transition statement provided, ask if medications were taken in the past four weeks for the twelve listed reasons. Synonyms that may be used in response to participant questions are listed parenthetically and below (Table 6).

**Table 6. Synonyms that may be used in response to participant questions about items 33a-k**

Question text	Synonyms
a. Asthma	
b. Chronic bronchitis or emphysema	Chronic obstructive pulmonary disease or COPD
c. High blood sugar	Diabetes
d. High blood pressure	Hypertension
e. High blood cholesterol	Hypercholesterolemia
f. Chest pain	Angina
g. Abnormal heart rhythm	Arrhythmia
h. Heart failure	Congestive heart failure or CHF
i. Blood thinning	Anticoagulation
j. Stroke	Cerebrovascular accident or CVA
k. Mini-stroke	Transient ischemic attack or TIA
l. Leg pain while walking	Claudication or peripheral arterial disease or PAD

For example, if the participant had taken medication for asthma and claudication and no other listed conditions, code item 33 as follows:

	Yes	No	Unknown
a. Asthma .....	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U
b. Chronic bronchitis or emphysema (chronic obstructive pulmonary disease [COPD]) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
c. High blood sugar (diabetes) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
d. High blood pressure (hypertension) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
e. High blood cholesterol (hypercholesterolemia) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
f. Chest pain (angina) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
g. Abnormal heart rhythm (arrhythmia) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
h. Heart failure (congestive heart failure [CHF]) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
i. Blood thinning (anticoagulation) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
j. Stroke (cerebrovascular accident [CVA]) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
k. Mini-stroke (transient ischemic accident [TIA]) .....	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> U
l. Leg pain while walking (claudication or peripheral arterial disease [PAD]) .....	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U

If any of the conditions are answered affirmatively, be sure that the medication is recorded in Section B by asking “Did we include that medicine in the list I just transcribed?”. DO NOT ask the participant to identify which medication was used to treat any of the conditions. For example, if the participant reported taking a medication to lower blood pressure during the last two weeks (Item 33a), and no recognized antihypertensive medications were recorded in Section B, DO NOT probe to determine if the names of all medications taken during the last two weeks were recorded. If the participant indicates that the names of all his / her medications have been transcribed, DO NOT probe further to determine which medication was used to treat the high blood pressure. Regardless of whether the participant reported taking any medications during the past four weeks or whether they brought any medication to the field center, proceed with the next item.

**Item 34:** If skipping in from Item 2, preface this question with an explanation e.g. “I know you said you took no medications, but we include the next few questions as a memory jogger.” Then ask the question as worded and show participant List #1: Commonly Used Aspirin or Aspirin-Containing Medications. Although its primary purpose is to identify participants who are taking aspirin, item 34 is broadly constructed to include aspirin and other medications which may contain aspirin but are not necessarily labeled as aspirin, such as “Alka-Seltzer, cold medicine or headache powder”. Therefore, this question may identify persons taking medications that do not include “aspirin”, per se. With a positive response, continue with item 35 and verify that the relevant information on the medication(s) was recorded in Items 5-29. If the response is NO or UNKNOWN, skip to item 37.

**Item 35:** Item 35 is narrower in scope and refers specifically to aspirin or aspirin-containing medications that have been taken within the four weeks preceding the clinic visit. Record the number of days in this four week period (maximum of 28 days) that aspirin or aspirin-containing medications were taken. If no aspirin or aspirin-containing medications were taken, enter “00” and skip to Item 37.

**Item 36:** Ask item 36 as written, but DO NOT READ THE CHOICES. If the participant mentions avoiding heart attack or stroke as part of his / her response, record “1”. Participants could be following the advice of their provider of medical care in doing this, or they could be acting on their own, based on information obtained through the media, friends or other sources. If the participant mentions “blood

thinning" or avoiding blood clots as the reason for taking aspirin, record "1". If neither a heart attack nor stroke is mentioned, record "2", even if the aspirin were prescribed by a physician.

**Item 37:** Read item 37 to all participants following the instructions provided at the end of the question, i.e., read the bracketed "other" if the response to Item 34 was "Yes". The use of analgesic and anti-inflammatory medications that do not contain aspirin is verified because these medications (like aspirin) may affect some of the hemostasis tests. With a "Yes" response, confirm whether the reported medications are transcribed in Section B.

**Item 38-40:** Read item 38 to all participants and show them List #2: Commonly Used Non-Steroidal Anti-Inflammatory Drugs (NSAIDS), the most common, non-aspirin-containing treatments for arthritis. Item 38 excludes acetaminophen (e.g. Tylenol) and aspirin (as separate entities) as well as steroids. This item focuses on current, regular use (NOW) of NSAIDS, regardless of the reason for their use. If asked by the participant, "regular" is defined as at least once a week for several months. If the response is "No" or "Unknown", go to closing. If the response is "Yes", continue by completing Item 39 (unless already recorded in Section B) and Item 40 (in response to the question, "How many pills per week are you taking on average?")

Item 41: The staff person who interviewed the participant must their three-digit HCHS/SOL Staff ID number in item 41.

**List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 1)**

---

1/2HALFPRIN	ASPIRIN / ANTACID
ACETAMINOPHEN / MAGNESIUM SALICYLATE / CAFFEINE	ASPIRIN / CAFFEINE
ACETAMINOPHEN / SALICYLAMIDE	ASPIRIN / ACETAMINOPHEN / CAFFEINE
	ASPIRIN / ALUMINUM HYDROXIDE / MAGNESIUM HYDROXIDE / CALCIUM CARBONATE
ACETAMINOPHEN / SALICYLAMIDE / CAFFEINE	ASPIRIN / ALUMINUM HYDROXIDE / MAGNESIUM HYDROXIDE
	ASPIRIN / ACETAMINOPHEN / CAFFEINE / CALCIUM GLUCONATE
ACETAMINOPHEN / SALICYLAMIDE / PHENYLTOLOXAMINE	ASPIRIN / ACETAMINOPHEN / SALICYLAMIDE / CAFFEINE
	ASPIRIN / CAFFEINE
ACETYL SALICYLIC ACID	ASPIRIN / CAFFEINE / BUTALBITAL
ADDED STRENGTH HEADACHE R	ASPIRIN / CA CARBONATE
ADDED STRENGTH PAIN RELIE	ASPIRIN / CINNAMEDRINE / CAFFEINE
ADPRIN B	ASPIRIN / SALICYLAMIDE / CAFFEINE
ADULT STRENGTH ANALGESIC	ASPIR-LOW
ADULT STRENGTH PAIN RELIE	ASPIR-MOX
AF-MIGRAINE	ASPIRTAB
ALBERTSON'S EFFERVESCENT	ASPIR-TRIN
ALBERTSON'S ENTERIC COATE	ASPRIDROX
ALBERTSON'S HEADACHE FORM	BACK PAIN-OFF
ALKA-SELTZER	BACKACHE MAXIMUM STRENGTH
AMIGESIC	BACKACHE RELIEF EXTRA STR
ANABAR	BAYER LOW STRENGTH
ANACIN	BAYER PLUS EXTRA STRENGTH
ANALGESIC	BC
ACETAMINOPHEN / SALICYLAMIDE / PHENYLTOLOXAMINE / CAFFEINE	BL MIGRAINE FORMULA
ARTHRITIS PAIN FORMULA	BUFFASAL
ARTHRITIS STRENGTH BC	BUFFERIN
ARTHROPAN	BUFPIRIN
ASA	BUTALBITAL / ASA / CAFFEINE
ASCRIPITIN	BUTALBITAL / ASPIRIN / CAFFEINE
ASP	BUTALBITAL COMPOUND
ASPERGUM	
ASPIR-81	
ASPIRCAF	

ASPIRIN  
 ASPIRIN GUM  
 ASPIRIN / DIPHENHYDRAMINE EFFERVESCENT

CETAZONE-T  
 CHOLINE / MAGNESIUM SALICYLATES  
 CHOLINE MAGNESIUM TRISALICYLATE

**List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 2)**

CHOLINE SALICYLATE	GENACOTE	OSCO ADDED STRENGTH PAIN
CMT	GOODY'S	OSCO ANALGESIC ADULT STRE
COPE	HALFPRIN	OSCO EFFERVESCENT ANTACID
CVS BACKACHE RELIEF	HCA PAIN RELIEVER	OSCO LOW STRENGTH ENTERIC
CVS EFFERVESCENT ANTACID	HEADACHE FORMULA ADDED ST	P-A-C
CVS HEADACHE RELIEF	HEADACHE RELIEF	PAIN RELIEF
CVS MIGRAINE RELIEF	HEADRIN EX STRENGTH PAIN	PAIN RELIEF EXTRA STRENGT
DEWITT'S PILLS	HM ADULT ANALGESIC	PAIN RELIEF EXTRA STRENGT
DIFLUNISAL	LEVACET	PAIN RELIEVER ADDED STREN
DISALCID	LOBAC	PAIN RELIEVER PLUS
DOAN'S	MAGAN	PAINAID
DOLOBID	MAGNAPRIN	PAIN-OFF
DOLOREX	MAGNESIUM SALICYLATE	PANRITIS FORTE
		PHENYLTOLOXAMINE / MAGNESIUM
DURABAC	MAGNESIUM SALICYLATE / ACETAMINOPHEN	SALICYLATE
	MAGNESIUM SALICYLATE /	
DURAXIN	DIPHENHYDRAMINE	PIROSAL
EASPRIN	MAG-PHEN	QC PAIN RELIEVER PLUS
ECASA	MAGSAL	RA ANTACID PAIN RELIEF
ECK MIGRAINE RELIEF	MEDI-SELTZER	RA MIGRAINE RELIEF
ECOTRIN	MEPROBAMATE / ASPIRIN	RID-A-PAIN COMPOUND
ECPIRIN	MIDOL MAXIMUM STRENGTH	SALETO
ED-FLEX	MIGRAINE FORMULA	SALICYLAMIDE / CAFFEINE
EFFERVESCENT ANTACID /		
PAIN	MIGRAINE RELIEF	SALFLEX
EFFERVESCENT PAIN RELIEF	MINITABS	SALSALATE
EFFERVESCENT PAIN RELIEVE	MOBIDIN	SAV-ON ADDED STRENGTH PAI
EQUAGESIC	MOBIGESIC	SAV-ON ANALGESIC ADULT ST
EXCEDRIN	MOMENTUM MUSCULAR BACKACH	SAV-ON BACKACHE RELIEF EX

EX-PAIN	MONO-GESIC	SAV-ON EFFERVESCENT ANTAC
EXTRA STRENGTH BAYER	MP ENCOPRIN	SB BACKACHE EXTRA STRENGT
EXTRAPRIN	MP REGRIPRIN	SB EFFRSCENT ANTACID/PAIN
FARBITAL	MST 600	SB LOW DOSE ASA EC
FIORINAL	MYOGESIC	SB MENSTRUAL
FORTABS	NEUTRALIN	SB PAIN RELIEF F/ACT
FRENADOL	NINOPRIN	SB PAIN RELIEF X-STR
GENACED	NOVASAL	SG EFFERVESCENT ANTACID/P

---

**List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 3)**

SG PAIN RELIEVER ADDED ST	SUPAC	UNI-TREN
SM HEADACHE ADDED		
STRENGT	SUPER STRENGTH PAIN RELIE	VANQUISH
SM HEADACHE PAIN RELIEVER	SUREPRIN	V-R EFFERVESCENT PAIN REL
SOBA ANALGESIC	TETRA-MAG	ZEE-ZELTZER
SOBA PAIN RELIEVER HEADAC	THERAPY BAYER	ZORPRIN
SODIUM SALICYLATE	THIOCYL	
ST JOSEPH ADULT	TRICOSAL	
STANBACK	TRILISATE	

---

**List #2: Commonly Used Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**


---

ACTRON	KETOPROFEN
ADDAPRIN	KETOROLAC
ADVANCED PAIN RELIEF	LANSOPRAZOLE / NAPROXEN
ADVIL	LODINE
ALEVE	MECLOFENAMATE
ALL DAY RELIEF	MEDI-PROFEN
ANAPROX	MEDIPROXEN
ANSAID	MEFENAMIC ACID
ARTHROTEC	MELOXICAM
BEXTRA	MENADOL
CATAFLAM	MIDOL
CELEBREX	MOBIC
CELECOXIB	MOTRIN
CLINORIL	NABUMETONE
CVS INFANTS' CONCENTRATED	NALFON
DAYPRO	NAPRELAN
DICLOFENAC	NAPROSYN
DICLOFENAC / MISOPROSTOL	NAPROXEN
DYSPEL	NUPRIN
ELIXSURE	ORUDIS
ETODOLAC	ORUVAIL
FELDENE	OXAPROZIN
FENOPROFEN	PHENYLBUTAZONE
FLURBIPROFEN	PIROXICAM
GENPRIL	PONSTEL
HALTRAN	PREVACID / NAPRAPAC
IBU	PROFEN
IBU-DROPS	PROVIL
IBUPROFEN	Q-PROFEN
IBUTAB	RELAFEN
INDOCIN	ROFECOXIB
INDOMETHACIN	RUFEN
I-PRIN	SULINDAC
TAB-PROFEN	VALDECOXIB
TOLECTIN	VIOXX
TOLMETIN	VOLTAREN
TORADOL	

---

## Sueño – Sleep Habits in HCHS/SOL

### Anthropometry (APE) Question by Question Instructions

#### General Instructions:

Anthropometry consists of assessing the participant's height, weight and body composition measurements. These measurements are used to assess the relationship between obesity and sleep problems. The APE form records presence of an electronic implantable device (EID), ability to stand, height, weight and bio-impedance output values from the Tanita scale. As the technician progresses through the examination procedures, they will record (or directly enter) the measurements into the APE form. They will then record any reason why the any measurements were not obtained or any notes that may be applicable (if the subject has a prosthetic, etc). Take care that the specific anthropometric guidelines outline in the Sueño MOP are followed each time measurements are recorded on the APE form.

#### Question by Question Instructions:

- Q1 Ask participant if they have an electronic implantable device (EID) (examples of EID's are pacemakers or defibrillators). If participants ask what an EID is you can explain that it is a device that uses electricity to help your body function properly, such as a pacemaker. Other less common EIDs are spinal cord stimulators and deep brain stimulators. Assessing the presence of an EID is important because it is dangerous to perform BIA (Q5-Q9) on people that have these devices. If a person does have an EID then they must be weighed in the Weight Only mode. Please see Sueño MOP for instructions on this procedure.
- Q2 This questions whether the participant can stand for the anthropometry measurements. If you directly observe that the participant walked without assistance to the area where the anthropometry equipment is located, then this question does not need to be verbalized. Instead, the technician can make their assessment from the participant's mobility. If the participant did not walk without assistance, then the interviewer should ask participant if they are able to stand without assistance. If they cannot stand, record this on Q2 and end the anthropometry section of the study visit. If they can, assess if they stand erect on both feet when they stand for the height measurement. If the participant cannot stand erect, record this and make note of the circumstances in the notes section (Q10).
- Q3-Q9 Measure the participant's height, weight and body composition measurements using the methods outlined in the Sueño MOP. Keep in mind that if the person has an EID, they should be weighed in the Weight Only mode and the measurements listed in Q5-Q9 will not be obtained.
- Q10 Record any notes that may be relevant. If it was indicated in Q2 that the person could not stand erect, describe circumstances. If the person has a cast that could not be easily removed and weight and BIA measurements were not obtained make note of this. If the person have a prosthetic limb please make note of this.

## Sueño – Sleep Habits in HCHS/SOL

### Medical History (MQE/MQS) Question by Question Instructions

#### General Instructions

This section of the interview asks questions about personal medical history. The overall layout of this form starts with a determination of doctor-diagnosed medical conditions. Age of onset is determined for select conditions.

#### Question by Question Instructions

- Q1 Question assesses participant history of doctor-diagnosed high blood pressure or hypertension. Occasionally, participants will indicate that their doctor told them they have “pre-hypertension”. This should be coded as “no”. Women who answer, “yes” to this question are administered a follow-up question, “Was this during pregnancy only” (Q1a). This question is asked because hypertension seen only during pregnancy is considered a different condition compared to women diagnosed with hypertension when not pregnant.
- Q2 Questions assess personal history of angina. Angina pectoris or angina is caused by insufficient blood flow reaching part of the heart usually due to a narrowing of a coronary artery. Chest pain is a hallmark symptom of persons with angina. However, not all persons who experience chest pain have this condition. Therefore, it is important to check the yes box on this set of questions only if they can state that a doctor told them they had angina.
- Q3 Questions assess personal history of heart attack. A heart attack is where a portion of the heart muscle has died from inadequate blood flow. The clinical name for heart attack is myocardial infarction.
- Q4 Questions assess personal history of doctor diagnosed heart failure. Another clinical name for this condition is congestive heart failure or congestive cardiac failure. This diagnosis covers a variety of conditions in which the heart is unable to pump a sufficient amount of blood through the body. Heart failure should not be confused with heart attack or myocardial infarction.
- Q5 Question designed to capture other types of heart problems not asked about in Q1-4. If the participant indicates yes, you are provided space to record the name of the condition.
- Q6 Question assesses personal history of undergoing several cardiac procedures called a balloon angioplasty (or stent) and/or bypass surgery. Both procedures are designed to restore blood flow through coronary arteries which provide critical oxygen to the heart. A balloon angioplasty involves running a catheter from an artery in the thigh to the blocked coronary artery located on the outside wall of the heart. A small balloon attached to the catheter is then inflated to open up the passageway. Sometimes a “stent” is left to help maintain the opening. A coronary artery bypass is sometimes referred to by its acronym “CABG” (pronounced ‘cabbage’). This procedure uses healthy arteries harvested from other parts of the body which are

then used to ‘bypass’ damaged arteries supplying blood to the heart. The terms double and triple bypass mean that 2 and 3 arteries supplying blood to the heart have been surgically bypassed. You should check the ‘yes’ box on Q9 if the participant has had either an angioplasty or a bypass or both.

- Q7 Question assesses personal history of doctor diagnosed stroke. An alternate clinical name for this condition is cerebrovascular accident (CVA). There are two major forms of stroke: 1) a thrombosis or embolism is when an artery which supplies oxygen to the brain is blocked, and 2) a hemorrhage is when one of these brain arteries bursts or leaks. Both forms of stroke can cause permanent damage to the brain. Stroke should not be confused with transient ischemic stroke, which is described below.
- Q8 Question assesses personal history of doctor-diagnosed mini-stroke or transient ischemic attack (TIA). These mini-strokes can cause stroke-like symptoms caused by temporary blockages in the arteries supplying blood to the brain (confusion, numbness, weakness on one side of the body, etc). The short duration of symptoms is the main difference between TIA and stroke, which is assessed in Q7. Short duration is defined as less than 24 hours.
- Q9 Question assesses personal history of balloon angioplasty or other surgery on the arteries of the neck to prevent a stroke. Balloon angioplasty (with or without a stent) can be used to clear blocked or partially blocked arteries in the neck which supply blood to the brain. A carotid endarterectomy can also be performed, in which the arteries in the neck are surgically opened and cleaned.
- Q10 Question assesses personal history of abdominal aortic aneurysm (AAA) or ballooning of the aorta. The aorta is the largest artery in the body and is attached to the heart. All blood which has been replenished with oxygen by the heart passes through the aorta as it travels to other parts of the body. The ballooning of the aorta is caused by a weakness in the wall of this artery. Rupture of an AAA or weakened aneurysm can cause death.
- Q11 Question assesses personal history of peripheral arterial disease (PAD) or blocked arteries of the legs. This condition is sometimes referred to as peripheral vascular disease (PVD). This condition is caused by partial blockages of the large arteries which supply blood to the lower extremities. It can cause pain when walking and in its more severe forms, pain while at rest, loss of sensation in the legs, and the need to amputate one or both legs due to gangrene (decay of tissue). If the participant indicates in Q11 that they had have PAD/PVD then you administer Q12, which inquires about treatment for this condition.
- Q12 Question inquires about the treatment for peripheral arterial disease. This question is only to be asked if participant responds “Yes” to Q11.
- Q13 Questions assess personal history and age at onset of diabetes. Diabetes mellitus is a group of diseases in which the body cannot produce or effectively use insulin, a hormone which is used by the body to process sugars and other foods as energy for the body. This inability to process sugars and other energy sources can lead to chronically high levels of glucose circulating through the body. Some participants may indicate that a doctor has told them that they have “pre-

diabetes”. These individuals do not meet the strict definition of diabetes and should be coded “no” on Q13.

Participants answering yes to Q13 are then administered Q13a-13d. These questions will be used to further classify those with diabetes (e.g., insulin-dependent diabetes). Q13a asks participant to estimate his/her age at diagnosis of diabetes. A code of “=” is used when the participant states that the age of onset is “unknown”.

Q13b should only be administered to women since it asks about diabetes during pregnancy (called gestational diabetes).

Q13c asks if they are being treated with insulin (which can be injected or administered by a pump). Those responding yes to this question are asked in Q13d if insulin was the first type of medicine used to treat their diabetes.

- Q14 Question assesses personal history of doctor-diagnosed sleep disorders. If the participant is unsure of what you mean by sleep disorders, you can give examples such as insomnia and restless legs syndrome. Those responding “no or don’t know” to this question or are not administered Q15 and 15d.1 and the questionnaire is finished. Those who respond “yes” to this question are then asked which sleep disorder they have.
- Q15 Read each listed sleep disorder to the participant and check the box if they have the condition. Check all conditions that apply. Insomnia is the inability to sleep and/or the ability to remain asleep. Restless leg syndrome is characterized by the urge to move limbs in order to reduce uncomfortable sensations. Excessive daytime sleepiness is the primary symptom of narcolepsy. Sleep apnea is present when there are long pauses in breathing during sleep (e.g., 10 or more seconds between breaths) which cause lowered circulating oxygen levels in the bloodstream. Q15e is used to record any doctor-diagnosed sleep disorder not listed above. Check the box and write in the name of the disorder.

Interviewer can also use the following text in Spanish to explain sleep disorders:

- a. *Insomnio - es la incapacidad para dormir y / o la capacidad de permanecer dormido*
- b. *Síndrome de piernas inquietas – cuando siente un deseo profundo de mover las piernas mientras está durmiendo o reposando*
- c. *Narcolepsia – cuando se queda dormido(a) de repente, especialmente durante el día*
- d. *Apnea – que deja de respirar mientras duerme*

- Q15d.1 This question is only asked if the participant responds “Yes” to Q15d, apnea. Assess whether the participant has been prescribed a CPAP or BIPAP machine to treat their sleep apnea. A continuous positive airway pressure (CPAP) device uses a small compressor to pump a controlled stream of air through a mask worn while sleeping. A bilevel positive airway pressure (BIPAP) device works in a similar fashion except that it provides differing air pressure level during breathing in as compared to when breathing out.

## Sueño – Sleep Habits in HCHS/SOL

### Sleep Attitudes (SSE/SSS) Question by Question Instructions

#### General Instructions:

The Sleep Attitudes Questionnaire is a 20-item measure created to assess participant perception of the importance of sleep and ideas about sleep hygiene. Views about various aspects of sleep (sleep hygiene, implications of poor sleep, outcomes, etc.) are addressed. Point out to participants that all 20 items on this instrument will have the same four response categories, which are: completely agree, mostly agree, mostly disagree, and completely disagree. Note that all the questions must be read to the participant and that the answer choices should still be repeated after each question.

**Q1-Q20:** Read the script exactly as it appears. You may re-read the answer options if the participant requests. When asking these questions, be careful to not comment on respondent's answers and to record answers in a non-judgmental manner. If you are asked about the meaning of specific questions, you should encourage participants to interpret questions in the way that makes the most sense to them. It is critical that you do not provide definitions or interpretations of these questions.

## Sueño – Sleep Habits in HCHS/SOL

### Work Schedule (WSE/WSS) Question by Question Instructions

#### General Instructions:

The questions on occupation are designed to learn about the participants' current work schedule and commute. Keep in mind that participants may have more than one job.

#### Question by Question Instructions:

- Q1 This initial question will guide the administration of the questionnaire by classifying participants as currently working or not. Any person who is earning some income in return for the services or work they provide is considered employed. Participants who have retired from one job but are continuing to work at another job or who re-entered the labor force after retirement should answer 'yes' to this question. Students and homemakers should answer 'no' to this question. If a subject answers 'no' on Q1, continue to Q2. If a subject answers 'yes' to Q1, skip to Q3.
- Q2 Participants may need some clarification regarding what a homemaker is and how to define a student. If the participant requests clarification, the following definitions may be used:
- HOMEMAKER Any person whose primary responsibility is caring for the children in their family and taking care of the home environment (*Alma de la casa*). This could also be a person whose primary responsibility is taking care of an ill person or elderly person at home. A person who is unemployed and looking for work is not considered a homemaker.
  - STUDENT Any person attending a community college, technical school, or university either part-time or full-time.
  - RETIRED/DISABLED Any person that has left the workforce due to retirement or because they are not able to work due to a disability. These people may be getting assistance from the government, but they are not currently working.
  - UNEMPLOYED/SEEKING WORK Any person not currently employed. These people may be receiving unemployment benefits or government assistance, but are not currently employed.
- Despite the answer to Q2, if the person is unemployed the questionnaire should be ended after Q2.
- Q3 A typical week can be understood as an average, common, or standard week. The participant should consider ALL of their jobs when determining their total hours worked per week. IMPORTANT: the Spanish translation of this question was changed to "En una semana típica, ¿Cuántas horas trabaja en su(s) empleo(s)?" Please consider this when viewing earlier versions of this form.
- Q4 This question asks how many jobs a participant currently has. Include both part-time and full-time jobs.
- Q5 This is a standard question used to determine if a participant faces seasonal unemployment, which occurs often in the US.
- Q6 A typical week can be understood as an average, common, or standard week. Participants should provide an average or estimate of the number of days worked. This will allow researchers to understand if participants' work, part-time, full time, or more than that. As with question 5, the interviewer will need to prompt the participant to consider ALL the participant's jobs when answering this question.
- Q7 This question is intended to help researchers understand a number of issues related to sleep and health. A regular work schedule has predictable times and hours with little variation.

The question is used to begin a skip pattern that helps to identify those that do shift work and/or perform overtime work.

- Q8 Participants should be directed to note the EARLIEST time that they start work ON A TYPICAL DAY.
- Q9 Participants should be directed to note the LATEST time that they end work ON A TYPICAL DAY.
- Q10 The goal of this question is to determine if the participant works overtime all the time or only occasionally.
- Q11 This question should refer to the participant's PRIMARY job identified in Q3. Many people work in shifts. The precise definitions of each shift may vary by an employer. However, if the participant needs clarification on the meaning or hours typically associated with each of these shifts, the following definitions can be provided with the understanding that the times may vary by 1-2 hours:  
 DAY SHIFT: The day shift will typically be between 6am-2pm or 9am-5pm.  
 AFTERNOON SHIFT: The afternoon shift will typically be 2pm-10pm or 3pm-11pm  
 NIGHT SHIFT: The night shift will typically be 10pm-6am or 11pm-7am  
 SPLIT SHIFT: A person with a split shift works twice over a day with 2 or more hours between work periods. For example, they might regularly work both four hours in the day and four hours in night shift on some days.  
 IRREGULAR SHIFT OR ON-CALL: A person with an irregular shift is one who works when called and never knows his/her shift for certain.  
 ROTATING SHIFT: A rotating shift means that you work one type of shift sometimes and another at other times. However, this is systematic. You know which shift you will work on each day.
- Q12 It is important to learn if the person has EVER worked after midnight in any of their current jobs. They might work a different shift now but in the past, they did work at night. Or if they work the night shift now then this answer will automatically be coded 'yes.'
- Q13 Because working at night is felt to be particularly difficult, we are interested in continuing to probe this topic. This question asks if the night work noted in Q12 is on a regular basis or if it only occurs occasionally or on a rotating basis.
- Q14 It is important to learn if the person has EVER worked in the early morning (before 6am) in any of their current jobs. They might work a different shift now but in the past, they worked in the early morning.
- Q15 We are interested in continuing to probe this topic. This question asks if the early morning work noted in Q14 is on a regular basis or if it only occurs occasionally or on a rotating basis
- Q16 Commute time may be an important factor that limits sleep duration. In this question, the amount of time that it takes someone to get from home to their first job of the day (whether they take public transportation, carpool, drive themselves, walk, etc.) is assessed. If a person regularly runs errands during their commute (such as dropping children off at a child care provider), please include this time in the response.
- Q17 Since commute times to and from work may be different, a second question is asked to determine the time it takes for the participant to travel home after their last job.

## Sueño – Sleep Habits in HCHS/SOL

### Sleep Form (SPE/SPS) Question by Question Instructions

#### General Instructions:

This section of the interview asks about sleep patterns and symptoms of sleep disturbances.

#### Question by Question Instructions:

- Q1-2. Ask the participant what (clock) times they usually go to bed in order to sleep. The participant should provide the times relative to their usual longest period in bed (i.e., not including naps). To clarify, ask participant to report bed and wake times that are most usual for them on their average weekday and weekend. If participant works or goes to school for most of the year, ask them to report the times they would go to bed and wake when following this schedule. If they are a shift worker, they should provide the most frequent times they go to sleep for a period that includes their longest sleep period (e.g., if working the night shift, this may be 7 AM to 2 PM). The clock times should reflect times from “lights off” to arising from bed. For example, if they read in bed, or watch TV in bed before sleep, they should report the times they turn off the light and close their eyes in an attempt to sleep. If they lay in bed awake in the morning, they should report the times they actually get out of bed. Part A refers to their schedule on weekdays and Part B for weekends. Sleep schedules may vary during vacation times compared to work or school times. If so, they should report usual weekend and weekday times for the times of the year when working or going to school versus other days, unless they only work or go to school for a minority of the year. Check to make sure that the times for awakening occur after the times reported for falling asleep. Use a 12 hour clock time frame, and also check that AM and PM are checked appropriately. Provide information to the nearest minute.
- Q3. A nap is defined as any period of sleep lasting at least 5 minutes aside from the major sleep period. Ask how often they nap for 5 or more minutes during a usual week. Include all naps whether they are voluntary (planned) or involuntary (unplanned). It does not matter if they nap in their usual sleep quarters or elsewhere, or fall asleep in a chair or bed.
- Q4-10. Ask the participant to estimate how often they have experienced each of the identified symptoms over the prior 4 weeks. Interviewer should place emphasis on 4 weeks. If symptoms have varied over this period, the participant should estimate how often the symptom has occurred on average over this time.
- Q4 refers to difficulty getting to sleep after turning off the lights for their longest sleep period.
- Q5 refers to waking up 2 or more times during their longest sleeping period. These can be very short or long periods, and should be counted regardless of whether or not they got out of bed.
- Q6 typically refers to early morning awakenings – waking up earlier than they intended or needed to, or earlier than the alarm clock was set with regards to the major sleep period.
- Q7 refers to problems getting back to sleep if waking up too early. If they answered ‘no’ to Q6, they should answer ‘no’ to Q7.

Q8 refers to any use of sleeping pills to help them sleep over the last 4 weeks. These may be prescription (e.g., Ambien) or non-prescription medications, such as anti-histamines, including herbal remedies that come in pill form.

Q9 refers to their assessment of whether sleep problems made them feel grumpy – this could be based on self impression or what others have told them.

Q10 refers to their self perception of feeling overly sleepy during the day. They do not need to report actual instances of falling asleep. Some people have trouble distinguishing tiredness or fatigue from sleepiness. Here, sleepiness refers to trouble staying awake and alert—not just tired.

- Q11. Ask the participant to rate the quality of his usual night’s sleep. Average quality refers to something midway between very sound to very restless—not perceived to be particularly restful or restless. It does not refer to what they think is the quality of the “average” person’s sleep.
- Q12. 12a-h. These questions make up the Epworth Sleepiness Scale, the most common assessment of daytime sleepiness. Ask the participant to rate his chance of dozing off (not just feeling tired) in each of the situations.  
 12a-j. If the person has never or only rarely engages in any given activity (e.g., driving), he should guess how likely he would fall asleep if he actually did that activity. 12c refers to activities where the participant may be sitting quietly in a public place, such as a movie theatre or a meeting hall or church, but does not refer to loud active places like a sports stadium. 12e. refers to situations where the participant can lay down and rest, whether it was a planned nap or not. 12h. refers to likelihood of dozing while driving a car and stopped for a few minutes in traffic or at a traffic light. 12i. refers to sitting at the dinner table for a meal. 12j. refers to any likelihood of dozing while driving a car.
- Q13-14. Ask the participant to estimate his frequency of snoring (Q 13) (or stop breathing, Q 14) over a typical week (number of nights per week.) If the participant’s usual sleep time is in the day (i.e, shift workers), he should estimate his sleeping frequency during his longest period of sleeping in the day. He can report these symptoms based on his own perceptions or based on what others have told him. He does not have to judge how loudly his snoring was to answer this question. If he only knows how often he snored or stopped breathing in the past (because there were people who witnessed his sleep in the past but not the present) he should answer the question based on the most recent information he is aware of. ‘Stop breathing’ may include breathing pauses followed by snorting sounds.
- Q15. Ask the participant whether he ever experiences a need to move his legs because of uncomfortable feelings in his calves. This should not include feelings that his feet “fell asleep” or were “numb” but refer to more of an irritating, creeping, crawling sensation. If answering no, then do not ask Q16-17.
- Q16. If answered yes to Q15, then ask (Q16) if this disagreeable feeling results in a need to move his legs with walking, or rub his legs, to relieve this sensation?
- Q17. If answered yes to Q15, then ask the participant if these leg symptoms are usually worse when resting and feel at least temporarily better by moving the legs. If they report they are worse at rest but not better with movement, answer ‘no’ to Q 17.
- Q18. Ask if these leg symptoms are worse later in the day or at night compared to earlier in the day. If participant asks for clarification, later in the day can be defined as 6 pm – midnight.

## Sueño – Sleep Habits in HCHS/SOL

### Neighborhood Stress (NSE/NSS) Question by Question Instructions

The neighborhood stress scale is a measure of stress associated with the conditions in one's external living environment. These items assess such factors as neighborhood support, safety, cleanliness, noise level, and accessibility to resources. Note that this measure has items with very different response options and multiple parts.

Read the script exactly as it appears. Carefully and slowly read the description of what 'neighborhood' refers to in the instructions. If they ask any questions about how they should define neighborhood, you should prompt participants to define neighborhood in whatever way is most meaningful to them. Proceed by asking each question and then reading each response category. You may re-read the answer options if the participant requests. When asking these questions, you should be careful to not comment on respondent's answers and to record answers in a non-judgmental manner.

**Q1** Question asks about how many blocks the participant considers to be his or her neighborhood. Participant should define their neighborhood in whatever manner is most meaningful to him/her.

*SPANISH: Se debe definir 'barrio' en cualquier manera que prefiera.*

**Q2** Participants are asked how long they have lived in their neighborhood in years and months. If the participant only states the answer in years, ask them if they can tell you months as well. For example, if the participant states that they lived in their neighborhood for five years, ask: *And how many months?*

*SPANISH: ¿Cuántos meses?*

**Q3-Q7** Point out to participants that the next five statements will have the same five response categories, which are: strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. Then proceed to read each statement and each response option.

**Q8** Ask participants to rate safety "on a scale of 1 to 5, with 1 being very safe, 3 safe, and 5 not at all safe". If asked clarify response item 2 as between safe and very safe and item 4 as between safe and not at all safe.

**Q9-Q15** Point out to participants that the next seven statements will have the same four response categories, which are: very serious problem, somewhat serious problem, minor problem, and not really a problem. Then proceed to read each statement and each response option.

## Sueño – Sleep Habits in HCHS/SOL

### Sleep Questionnaire II (SQE/SQS) Question by Question Instructions

#### General Instructions:

This section of the interview asks additional questions about sleep patterns and impact of sleep problems. These questions also explore sleep issues more in depth and/or assess different areas of sleep such as circadian rhythms, insomnia, and sleep hygiene.

#### Question by Question Instructions:

- Q1-5. These questions make up the Horne and Östberg Reduced Morningness and Eveningness Questionnaire used to assess the participant's biological rhythm. Emphasize that the responses given in this section should pertain to the PAST 2 WEEKS. The answer choices for Q1, Q3 and Q4 are ranges in clock time. DO NOT present the answer choices to the participant initially. Instead, allow the participant to tell you the time of day and mark the corresponding answer choice. For these questions, if a participant answers a time that is earlier than the earliest answer choice, mark the earliest choice. If a participant answers a time that is later than the latest answer choice, mark the latest choice. If the participant reports a time that corresponds to multiple answer choices, read both answer choices to the participant and ask them to choose the best choice.
- Q1. The goal of this question is to understand the timing of the participant's internal clock. Therefore, the question is in regards to what time the participant would wake up from sleep if he/she had no responsibilities (getting to work, taking children to school) to worry about and could organize their own day. Allow the participant to tell you the time of day and mark the corresponding answer choice.
- Q2. This question asks how the participant feels after waking at their normal waking time, not the time they chose on Q1.
- Q4. A participant's "feeling best" peak is the time when the participant feels the most alert and energized. If the participant is unsure what a "feeling best" peak means, define this term as the time they feel the most alert and full of energy. Allow the participant to tell you the time of day and mark the corresponding answer choice.
- Q5. If the participant is unsure what "morning" and "evening" types of people are, define these terms. A "morning" type tends to be more alert and full of energy in the morning whereas an "evening" type tends to be more alert and full of energy in the evening.
- Q6-Q13. These questions make up the Insomnia Severity Index. Emphasize that for these questions that the participant is supposed to think about their PAST 2 WEEKS of sleep when answering these questions. Some participants do not have any insomnia symptoms ('no' response to Q10); in this case Q11-13 will be skipped.
- Q6. This question refers to the severity of the participant's difficulty getting to sleep after turning off the lights for their longest sleep period.
- Q7. This question refers to the severity of the participant's difficulty staying asleep for their longest sleep period. This can be because he/she wakes up frequently or has difficulty falling back to sleep after having woken up.

- Q8. This question refers to the severity of the participant's ability to sleep for the entire time set aside for sleep – waking up earlier than they intended or needed to, or earlier than the alarm clock was set – with regards to their longest sleep period.
- Q9. This question refers to the participant's overall sleep pattern, not their sleep quality. Their sleep pattern includes when they are able to fall asleep and wake up, duration, and whether they nap. For instance, a participant may not be satisfied with the fact that he is not able to sleep at night, so he has to nap during the day and that impedes him from doing other activities.
- Q10. This question assesses whether or not the participant feels like they have any problem with their sleep. This could include poor quality sleep or trouble falling/staying asleep. If participants answer 'no' to this question, skip to Q14
- Q11. If participant answers 'yes' to Q10, then ask Q11. This question asks the participant to think of the problem or problems they indicated in Q10 and describe the level to which these problems interfere with their daily functioning.
- Q12. If participant answers 'yes' to Q10, then ask Q12. Again, participants are supposed to refer to the problem(s) mentioned in Q10. For this question the participant is asked to describe how noticeable the impairment caused by their sleep problem or problems is to others.
- Q13. If participant answers 'yes' to Q10, then ask Q13. Again, participants are supposed to refer to the problem(s) mentioned in Q10. For this question, participants are asked to describe how distressed or worried they are about their sleep problem or problems.
- Q14. This question assesses whether the participant has a television in the room that they usually sleep in. The television must be functioning. However, it does not matter whether the participant watches television in that room. If a participant answers 'no' to this question, then skip to Q16.
- Q15-20. These questions assess whether the participant uses any activity or supplement to help them fall asleep. Emphasize that this is in the PAST 4 WEEKS. Only mark 'yes' if the participant intentionally does these activities with the purpose of helping them fall or stay asleep.
- Q21-22. For these questions emphasize that we are assessing how many cups of CAFFEINATED coffee or tea they may drink in a typical day over the PAST 4 WEEKS. If participant asks for clarification, a cup is 8oz or about the size of a typical, small Styrofoam cup. For example the "venti" (20oz) size from Starbucks would count as 2 cups on these questions. If a participant drinks "half-caf" (half regular and half decaffeinated coffee) then divide however many cups they drink per day by 2 (if this does not equal a whole number round up to the nearest whole number).
- Q23. Again, emphasize that the participant should only include caffeinated soda intake per day over the past four weeks. Lemon-lime soda and root-beer, among others, do not usually include caffeine. If the participant asks for clarification, a can of soda is 12oz. If someone drinks a 20oz bottle of soda that would count as 2 glasses or cans of soda. If someone drinks a 2 liter bottle of soda that would count as 5 glasses or cans.
- Q24. Again, emphasize that the participant should only count caffeinated energy drinks. Energy drinks come in all sizes, so just record the number of individually packaged (shots, cans, bottles) caffeinated energy drinks that the participant ingests on a typical day.

## Sueño – Sleep Habits in HCHS/SOL

### Acculturation Stress (ATE/ATS) Question by Question Instructions

#### General Instructions: Hispanic Stress Inventory (HSI)

The HSI acculturation stress measure is a 17-item measure created for Latinos that taps stress associated with the process of integrating and existing in a non-native culture. Various aspects of acculturation such as language ability, relationships with children, work opportunities, family conflicts and moral standards are addressed. You should be aware of skip patterns for several of the questions and be sure to follow them as directed. It is important to present all answers to the participant including N/A (Not Applicable). Make sure to tell the participant that N/A (Not Applicable) should be the answer choice given if the participant does not have children in response to questions that ask about children. If the participant says "No" in response to a question asking about children, confirm that the participant is NOT responding this way because they do not have children. Note that all the questions must be read to the participant and request that he/she responded N/A (Not Applicable) regardless of if the participant verbally indicates he/she has no children or is not married.

**Q1-Q17a:** Read the script exactly as it appears. You may re-read the answer options if the participant requests. When asking these questions, be careful to not comment on respondent's answers and to record answers in a non-judgmental manner. If you are asked about the meaning of specific questions, you should encourage participants to interpret questions in the way that makes the most sense to them. It is critical that you do not provide definitions or interpretations of these questions.

## Sueño – Sleep Habits in HCHS/SOL

### Well Being (WLE/WLS) Question by Question Instructions

#### General Instructions:

The Well-being questionnaire consists of two brief measures that assess depressive symptoms and “trait anxiety”, respectively. Measures included are the Center for Epidemiological Study measure of depression (10- item version) and the Spielberger Trait Anxiety Scale (10-item version) in order to evaluate the relationships between depression and anxiety with sleep in this population. In addition, these measures will allow an assessment of the prevalence of depression and anxiety symptoms among Latinos that have sleep problems.

#### Question by Question Instructions:

##### Q1 – Q10:

The CESD 10 is a measure of thoughts or feelings related to recent depression. Interviewers should read the script exactly as it appears on the screen. Emphasis should be placed on the time frame, the PAST WEEK. Interviewers should then read the answers and let respondents know that for each question there will be 4 possible answers – rarely or none of the time (<1 day/week), some or little of the time (1-2 days/week), occasionally or a moderate amount of time (3-4 days/week), or all of the time (5-7 days/week). The number of days per week should be read to help the respondent understand each of the categories. In addition, hand motions to indicate the continuum from the low end of the scale to the high end of the scale can be helpful. Show cards or the instrument itself displaying the Likert scale when describing the answer categories. After describing the answer categories, the interviewer should proceed with asking each question and the corresponding answer categories. The interviewer may re-read the answer options if the participant has problems recalling them or choosing a category. When asking these questions, interviewers should be careful to not comment on respondent’s answers and to record answers in a non-judgmental manner.

##### Q11 –Q20:

Trait anxiety reflects the existence of STABLE individual differences in the tendency to respond with an unpleasant emotional arousal in the anticipation of threatening situations. Interviewers should read the script exactly as it appears on the screen. The respondent should refer to how he or she GENERALLY feels. The interviewer may re-read the answer options if the participant has problems recalling them or choosing a category. BE CAREFUL. In contrast to the CES-D questions in 1-10, there is no reference to a specific time period in these questions. This is because the questions are designed to uncover a stable pattern of behavior. ONLY IF the individual asks for clarification on the time period, the interview can clarify by recommending that the respondent think about the PREVIOUS YEAR. When asking these questions, interviewers should be careful to not comment on respondent’s answers and to record answers in a non-judgmental manner.