



HCHS/SOL Question by Question Instructions Sleep Form (SLE/SLS), Version A

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 (a) vs other days (b), 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. 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 this occurred.

Q4 refers to trouble getting asleep 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.

Q7 refers to problems getting back to sleep if waking up too early. If they answered no to Q 6, they should answer no to Q 7. 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 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 as the only episodes of feeling sleepy. 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 mid way between very sound to very restless—not perceived to be particularly restful or restless, and does not refer to what they think if the “average” person's sleep.
- Q12. Ask the participant to rate his change of dozing off (not just feeling tired) in each of the situations a-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. C. 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 ball stadium. E refers to situations where the participant can lay down and rest, whether it was a planned nap or not. H refers to likelihood of dozing while driving a car and stopped for a few minutes in traffic or at a traffic light. I refers to sitting at the dinner table for a meal. J 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 Qs 16-Q17.
- Q16-17. If answered yes to Q 15, 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? Q 17: 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, do not answer yes to Q 17.
- Q18 Ask if these leg symptoms are worse in worse later in the day or at night compared to earlier in the day. Later in the day can be defined as the period after eating dinner and before going to bed.