

SLEEP HISTORY FORM
SLE VERSION B 10/14/2008
QxQ Date 01/22/2009

I. General Instructions

The Sleep History Form is completed during the participant's clinic visit. The interviewer must be certified and should have a working knowledge of the data entry procedures for electronic version forms and document titled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

The purpose of the SLE is to obtain information about sleep habits, and especially about symptoms of sleep apnea (abnormal breathing during sleep). Recent studies suggest that disordered breathing during sleep might be related to cardiovascular conditions such as hypertension, heart disease, and stroke.

II. Specific Instructions

A. Sleep

1. The interviewer should record the number of hours the participant sleeps during this period
2. The interviewer should record the number of hours it takes the participant to fall asleep.
3. The interviewer should mark the response that best corresponds to the number of nights per week the participant snore while sleeping.
4. The interviewer should make the response that best corresponds to the number of nights per week the participant snorts, gasps, or stops breathing.

5. The interviewer should mark the most appropriate answer for each of the three items.
6. This question assesses the participant's overall quality of sleep during the past month. Instruct the participant to rate their quality of sleep during the past month.
7. The interviewer should mark the most appropriate answer for each of the 10 situations (items 7a-7j).
8. The participant should answer "yes", "no", or "don't know" for each of the following items (8a-8c).

B. Administrative

9. Select the method of data collection either computer or paper form.
10. Select 1 if data collected in clinic or 2 if data collect away from clinic.
11. Enter the month, day, and year that the data was collected. Right-justify using zeroes where appropriate.
12. Enter the 3 digit JHS code for the person who entered the information on this form in the boxes provided.