Questionnaire for sleep.sav

{Please note: I have included below selected items from a more extensive questionnaire used in a study on the impact of sleep problems. Two additional scales were included (Epworth Sleepiness Scale, Hospital Anxiety and Depression Scale) however these items are not displayed in the questionnaire for copyright reasons. The total scores however do appear as variables in the datafile.}

Gender: ❑ Male ❑ Female   Age: _____

Marital status: ❑ single   ❑ married/ defacto   ❑ divorced   ❑ widowed

Highest education level completed: ❑ primary school   ❑ secondary school
                                        ❑ trade training/ post secondary training
                                        ❑ undergraduate degree   ❑ postgraduate degree

Weight: _____   Height: _____

Overall how would you rate your :

general health	*very poor*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*very good*	
physical fitness	*very poor*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*very good*	
current weight	*very underweight*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*very overweight*	

Do you smoke?   ❑ Yes ❑ No :   If yes, how many cigarettes do you smoke per day? _____

How many standard alcoholic drinks do you consume on an average day? _____

How many drinks containing caffeine (eg. coffee, tea or cola) do you drink per day? _____

Generally, how many hours sleep do you get: On weeknights: _____hours   On weekends: _____hours

How many hours sleep do you think you need so that you don't feel sleepy the next day? _____ hours

Do you have trouble falling asleep? ❑ Yes ❑ No

Do you have trouble staying asleep? ❑ Yes ❑ No

Are you aware of waking up during the night?   ❑ Yes   ❑ No

Do you work night shift or rotating shifts?   ❑ Yes   ❑ No

Would you describe yourself as a 'light sleeper' (easily awoken)   ❑ Yes   ❑ No

Do you usually wake up feeling refreshed? On weekdays?   ❑ Yes ❑ No

How satisfied are you with the amount of sleep you get?
        very dissatisfied   1   2   3   4   5   6   7   8   9   10   very satisfied

Overall how would you rate the quality of your sleep?

❑ very poor ❑ poor ❑ fair ❑ good ❑ very good ❑ excellent

Please rate how stressed you have felt over the last month:

not at all 1 2 3 4 5 6 7 8 9 10 *extremely stressed*

Do you regularly take any medication to help you sleep? ❑ Yes ❑ No

Do you feel you have a problem of any sort with your sleep?

❑ No Please skip to the next section

❑ Yes Please answer the questions below:

To what extent do you feel that the following aspects of your life are affected by your problem with sleep? *(please circle a number on each line below)*												
mood	*not at all*	1	2	3	4	5	6	7	8	9	10	*to a great extent*
energy level	*not at all*	1	2	3	4	5	6	7	8	9	10	*to a great extent*
concentration	*not at all*	1	2	3	4	5	6	7	8	9	10	*to a great extent*
memory	*not at all*	1	2	3	4	5	6	7	8	9	10	*to a great extent*
life satisfaction	*not at all*	1	2	3	4	5	6	7	8	9	10	*to a great extent*
overall well-being	*not at all*	1	2	3	4	5	6	7	8	9	10	*to a great extent*
relationships	*not at all*	1	2	3	4	5	6	7	8	9	10	*to a great extent*

Has your partner/ family member ever said you stop breathing at times during your sleep?

❑ Yes ❑ No

Are you a 'restless sleeper'? ❑ Yes ❑ No

Have you ever fallen asleep while driving? ❑ Yes ❑ No

{Note. The items shown below were distributed at different points throughout the original version of the full questionnaire, but are shown as a block here as they all form part of the Sleepiness and Associated Sensations Scale}

Please rate how fatigued you've felt over the past month:

not at all 1 2 3 4 5 6 7 8 9 10 *to a great extent*

Please rate how lethargic you have felt over the past month:

not at all 1 2 3 4 5 6 7 8 9 10 *to a great extent*

Please rate how tired you've felt over the past month:

not at all 1 2 3 4 5 6 7 8 9 10 *to a great extent*

Please rate how sleepy you've felt over the past month:

not at all 1 2 3 4 5 6 7 8 9 10 *to a great extent*

Please rate how much you've felt lacking in energy over the past month:

not at all 1 2 3 4 5 6 7 8 9 10 *to a great extent*

Codebook for sleep.sav

Description of variable	SPSS Variable name	Coding instructions
Identification Number	id	
Gender	gender	0=female, 1=male
Age	age	In years
Marital status	marital	1=single, 2=married/defacto, 3=divorced, 4=widowed
Highest education level achieved	edlevel	1=primary 2=secondary 3=trade 4=undergrad 5=postgrad
Weight (kg)	weight	In kg
Height (cm)	height	In cm
Rate general health	healthrate	1=very poor 10=very good
Rate physical fitness	fitrate	1=very poor 10=very good
Rate current weight	weightrate	1=very underweight 10=very overweight
Do you smoke	smoke	1=yes 2=no
How many cigarettes per day	smokenum	Cigs per day
How many alcoholic drinks per day	alchohol	Drinks per day
How many caffeine drinks per day	caffeine	Drinks per day
Hours sleep/ week nights	hourwnit	Hrs sleep on average each weeknight
Hours sleep/ week ends	hourwend	Hrs sleep on average each weekend night
How many hours sleep needed	hourneed	Hrs of sleep needed to not feel sleepy
Trouble falling asleep?	trubslep	1=yes 2=no
Trouble staying asleep	trubstay	1=yes 2=no
Wake up during night	wakenite	1=yes 2=no
Work night shift	niteshft	1=yes 2=no
Light sleeper?	liteslp	1=yes 2=no
Wake up feeling refreshed weekdays	refreshd	1=yes 2=no
Satisfaction with amount of sleep	satsleep	1=very dissatisfied 10=very satisfied
Rate quality of sleep	qualslp	1=very poor 2=poor 3=fair 4=good 5=very good 6=excellent
Rating of stress over last month	stressmo	1=not at all 10=extremely
Medication to help you sleep?	medhelp	1=yes 2=no
Do you have a problem with your sleep	problem	1=yes 2=no
Rate impact of sleep problem on mood	impact1	1=not at all 10=to a great extent
Rate impact of sleep problem on energy level	impact2	1=not at all 10=to a great extent

Rate impact of sleep problem on concentration	impact3	1=not at all 10=to a great extent
Rate impact of sleep problem on memory	impact4	1=not at all 10=to a great extent
Rate impact of sleep problem on life sat	impact5	1=not at all 10=to a great extent
Rate impact of sleep problem on overall well-being	impact6	1=not at all 10=to a great extent
Rate impact of sleep problem on relationships	impact7	1=not at all 10=to a great extent
Stop breathing during your sleep	stopb	1=yes 2=no
Restless sleeper	restlss	1=yes 2=no
Ever fallen asleep while driving	drvsleep	1=yes 2=no
Epworth sleepiness scale	ess	Total ESS score (range from 0=low to 24=high daytime sleepiness)
HADS Anxiety	anxiety	Total HADS Anxiety score (range from 0=no anxiety to 21=severe anxiety)
HADS Depression	depress	Total HADS Depression score (range from 0=no depression to 21=severe depression
Rate level of fatigue over last week	fatigue	1=not at all 10=to a great extent
Rate level of lethargy over last week	lethargy	1=not at all 10=to a great extent
Rate how tired over last week	tired	1=not at all 10=to a great extent
Rate how sleepy over last week	sleepy	1=not at all 10=to a great extent
Rate lack energy over the last week	energy	1=not at all 10=to a great extent
Problem staying asleep recoded	stayslprec	0=no 1=yes
Problem getting to sleep recoded	getsleprec	0=no 1=yes
Quality of sleep recoded into 4 groups	qualsleeprec	1=very poor, poor 2=fair, 3=good, 4=very good, excellent
Sleepy & associated sensations scale	totsas	Total Sleepiness and associated sensation scale score (5=low, 50=extreme sleepiness)
Number of cigs per day recoded into 3 groups	cigsgp3	1=<=5, 2=6-15 3=16+
Age recoded into 3 groups	agegp3	1=<=37yrs, 2=38-50yrs 3=51+yrs
Problem with sleep recoded into 0/1	probsleeprec	0=no 1=yes