

# ECRHS III SLEEP QUESTIONNAIRE

Centre  
ID


## Your sleep

In this questionnaire there are several kinds of sleep related questions.

Some of the questions you answer by marking a box or estimating a time interval.

Some of the questions are answered by circling the alternative which best describes *how often* an event occurs.

1 How much sleep do you estimate that you get on average each night?

HOURS

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2. How often have the following occurred **in the last THREE months:**

The numbers mean

- 1: Never or almost never
- 2: Less than once a week
- 3: once or twice a week
- 4: 3- 5 nights/days a week
- 5: Almost every day or night

*(Please circle the number that indicates your response)*

- |     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 2.1 | that you have difficulty in getting to sleep at night?                    | 1 | 2 | 3 | 4 | 5 |
| 2.2 | that you wake up repeatedly during the night?                             | 1 | 2 | 3 | 4 | 5 |
| 2.3 | that you wake up too early and have difficulty in getting to sleep again? | 1 | 2 | 3 | 4 | 5 |
| 2.4 | that you have heartburn or belching when you have gone to bed?            | 1 | 2 | 3 | 4 | 5 |

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3. Have you ever been told that you snore when you sleep? NO YES

**IF 'NO' GO TO QUESTION 4, IF 'YES':**

Never      Seldom      Sometimes      Frequently      Every Night

3.1 In the last **12 months** have you been told that you stop breathing or have irregular breathing while you are sleeping?

3.2 Have you woken up all of a sudden with a choking sensation or not being able to breathe in the last **12 months**?

3.3 Have you been told that you snore loudly or that your snoring disturbs other people in the last **12 months**?

4. Have you ever been told by doctor that you have sleep apnoea? NO YES

5. How likely are you to doze off or fall asleep in the following situations in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

- 0 = would **never** doze
- 1 = **slight** chance of dozing
- 2 = **moderate** chance of dozing
- 3 = **high** chance of dozing

*(Enter the number that indicates your answer)*

	Situation	Chance of dozing
5.1	Sitting and reading	
5.2	Watching TV	
5.3	Sitting inactive in a public place (e.g. a theatre or a meeting)	
5.4	As a passenger in a car for an hour without a break	
5.5	Lying down to rest in the afternoon when circumstances permit	
5.6	Sitting and talking to someone	
5.7	Sitting quietly after a lunch without alcohol	
5.8	In a car, while stopped for a few minutes in the traffic	