

Multi-Ethnic Study of Atherosclerosis

Exam 2



Sleep History

Self-Administered

Participant Id#: Idno

Acrostic: Acrosti

Date: sleepdt2 /

Month Day Year

The following questions are about your sleep. Please consider both what others have told you about your sleep and what you know yourself. If you have any questions, please ask a MESA staff member.

- | | Yes | No | Don't Know |
|---|------------------------------|---|----------------------------|
| 1 Since your MESA clinic visit, have you been awakened at night by trouble breathing? | 1
<input type="radio"/> | 0
<input type="radio"/> | 9
<input type="radio"/> |
| | wakebr2 | | |
| 2 Have you ever snored (now or at any time in the past)? | 1
<input type="radio"/> | 0
<input type="radio"/> 9
<input type="radio"/> | |
| | evrsnr2 | | |
| | | ↓
Skip to question 5 | |
| 3 How often do you snore now? | | | |
| 0 <input type="radio"/> Do not snore any more → Skip to question 5 | | | |
| 1 <input type="radio"/> Sometimes (up to 2 nights a week) | | | |
| 2 <input type="radio"/> Frequently (3-5 nights a week) snrfqr2 | | | |
| 3 <input type="radio"/> Always or almost always (6-7 nights a week) | | | |
| 9 <input type="radio"/> Don't know | | | |
| 4 How loud is your snoring? | | | |
| 1 <input type="radio"/> Only slightly louder than heavy breathing | | | |
| 2 <input type="radio"/> About as loud as talking | | | |
| 3 <input type="radio"/> Louder than talking snrloud2 | | | |
| 4 <input type="radio"/> Extremely loud - can be heard through a closed door | | | |
| 9 <input type="radio"/> Don't know | | | |
| 5 Are there times when you stop breathing during your sleep? | Yes
<input type="radio"/> | No Don't Know
<input type="radio"/> <input type="radio"/> | |
| | brthslp2 | | |
| | | ↓
Skip to question 7 | |
| 6 How often do you have times when you stop breathing during your sleep? | | | |
| 1 <input type="radio"/> Sometimes (up to 2 nights a week) | | | |
| 2 <input type="radio"/> Frequently (3-5 nights a week) stpbrfr2 | | | |
| 3 <input type="radio"/> Always or almost always (6-7 nights a week) | | | |
| 9 <input type="radio"/> Don't know | | | |

7 How often do you feel excessively (overly) sleepy during the day?

- 0 Never or rarely (1 day/month or less)
- 1 Sometimes (2-4 days/month)
- 2 Often (5-15 days/month)
- 3 Almost always (16-30 days/month)

sleepdy2

8 Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?

- | | | |
|-----------------------|-----------------------|-----------------------|
| Yes | No | Don't know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 0 | 9 |

apnea2

9 How often do you "make time" in your schedule for a regular nap or "siesta" in the afternoon?

- 0 Never or rarely → **Questionnaire Completed**
- 1 Sometimes
- 2 Often
- 3 Every day or almost every day

nap2

10 When you do nap in the afternoon, how long do you sleep?

 naphr2 hours **napmin2** minutes

(Example: if 30 minutes, enter "0" hours, "30" minutes)

11 What are your reasons for regular napping in the afternoon? (Select all that apply.)

- 1 I do not get enough sleep at night
- 2 I nap due to an illness or for medical reasons
- 3 I nap because it makes me feel refreshed in general
- 9 Other → please specify

whynap2

rsnnapo2

For MESA Field Center Use Only:

Form completed in: Home **slploch2** Clinic **slplocc2**

Completed by: Self-Administered **slpadm2** Interviewer-Administered

Interviewer ID: **slptid2** Reviewer ID: **slprid2** Data Entry ID: **slpdid2**