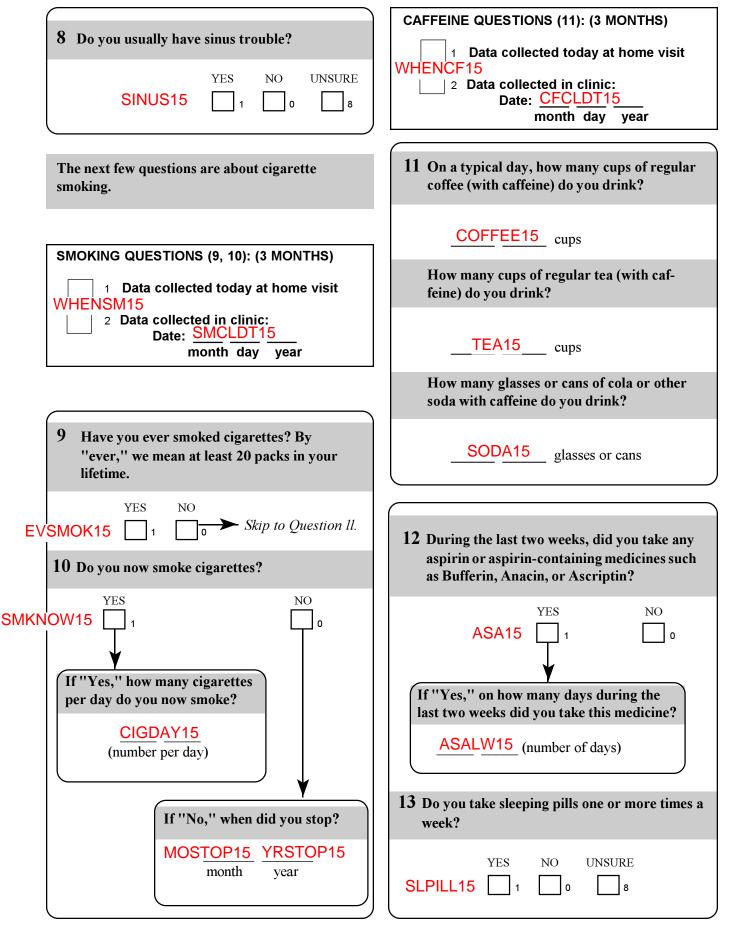
SLEEP HEART HEALTH STUDY HEALTH INTERVIEW ARIC, CHS, Tucson/Strong Heart	ID#: PPTID Field Center: SITE15
Before we get started, I have a few questions to ask you. These are questions mostly about your health history.	3 Has a doctor ever told you that you have the following? (Show Card C)
PREVALENT DISEASE QUESTIONS (1,2): (3 MONTHS) 1 Data collected today at home visit WHENPD15 2 Data collected in clinic: Date: PDCLDT15 month day year	YES NO UNSURE sleep apnea 1 0 SA15 emphysema 1 0 EMPHYS15 chronic bronchitis 1 0 CRBRON15 COPD (chronic obstructive pulmonary 1 0 COPD15
1 Has a doctor ever told you that you have or had the following? (Show Card A) YES NO	disease) asthma 1 0 ASTHMA15 4 Have you had an attack of asthma at any time in the last 12 months?
ANGINA15 angina 1 0 8 MI15 heart attack (myocardial infarct) 1 0 8 STROKE15 stroke 1 0 8 HF15 heart failure 1 0 8	YES NO UNSURE ASTH1215 1 0 8 5 Do you cough on most days for as much as three months of the year?
2 Have you ever had any of the following procedures? (Show Card B)	YES NO UNSURE COUGH315 1 0 8
CABG15 ("CABBAGE") YES NO UNSURE ("CABBAGE") 1 0 8 CA15 (balloon angioplasty	6 Do you bring up phlegm from your chest on most days for as much as three months of the year?
PACEM15 (defibrillator) 1 0 8	YES NO UNSURE PHLEGM15 1 0 8
OTHRCS15 other heart or cardiac surgery I 1 0 8 If "YES" to "other heart or cardiac surgery," please specify: OCSSPC15	7 Do you usually have a runny nose or stuffy nose?



14 Did a doctor prescribe nitroglycerin for you in the last year?	19 If you took any naps today, for how long did you sleep during the naps? (Use "0" for no naps.)
YES NO UNSURE NITRO15 1 0 8	NAPSHR15 hours NAPSMN15 minutes
The next few questions I have are about your sleep last night.	20 How stressful was your day today? Was it: (Check one.) STRESS15
15 What time did you go to sleep last night?	 A typical day? 2 Less stressful than usual? 3 More stressful than usual?
TMSLH15 TMSLM15 _2 P.M. 16 What time did you wake up today? 1 A.M.	
TMWUH15 : TMWUM15 2 P.M.	
17 How long did you sleep last night?	Field Center Use Only
HWLGHR15 hours HWLGMN15 minutes	Interviewer administered, in: LANG15
18 How well did you sleep last night? (Show Card D, then check one.) HWWELL15	 _2 Spanish _3 Lakota
 I Much worse than usual 2 Somewhat worse than usual 3 As well as usual 	$\square_{4} \text{ Pima}$ $\square_{5} \text{ Other, specify:} \underline{\text{LANGOT15}}$ $\square_{6} \text{ Unknown}$
4 A little better than usual 5 Much better than usual	Interviewer or Reviewer INTID15