



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.

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

1 Has a doctor ever told you that you have or had the following? (Show Card A)

ANGINA15
MI15
STROKE15
HF15

Table with 3 columns: YES, NO, UNSURE and 4 rows: angina, heart attack (myocardial infarct), stroke, heart failure

2 Have you ever had any of the following procedures? (Show Card B)

CABG15
CA15
PACEM15
OTHRCS15

Table with 3 columns: YES, NO, UNSURE and 4 rows: coronary bypass surgery ("CABBAGE"), coronary angioplasty (balloon angioplasty), insertion of a pacemaker (defibrillator), other heart or cardiac surgery

If "YES" to "other heart or cardiac surgery," please specify: OCSSPC15

3 Has a doctor ever told you that you have the following? (Show Card C)

Table with 3 columns: YES, NO, UNSURE and 5 rows: sleep apnea, emphysema, chronic bronchitis, COPD (chronic obstructive pulmonary disease), asthma

4 Have you had an attack of asthma at any time in the last 12 months?

Table with 3 columns: YES, NO, UNSURE and 1 row: ASTH1215

5 Do you cough on most days for as much as three months of the year?

Table with 3 columns: YES, NO, UNSURE and 1 row: COUGH315

6 Do you bring up phlegm from your chest on most days for as much as three months of the year?

Table with 3 columns: YES, NO, UNSURE and 1 row: PHLEGM15

7 Do you usually have a runny nose or stuffy nose?

Table with 3 columns: YES, NO, UNSURE and 1 row: RUNNY15

8 Do you usually have sinus trouble?

SINUS15 YES 1 NO 0 UNSURE 8

The next few questions are about cigarette smoking.

SMOKING QUESTIONS (9, 10): (3 MONTHS)

WHENSM15 1 Data collected today at home visit
 2 Data collected in clinic:
Date: **SMCLDT15** month day year

9 Have you ever smoked cigarettes? By "ever," we mean at least 20 packs in your lifetime.

EVSMOK15 YES 1 NO 0 → Skip to Question 11.

10 Do you now smoke cigarettes?

SMKNOW15 YES 1 NO 0

If "Yes," how many cigarettes per day do you now smoke?

CIGDAY15
(number per day)

If "No," when did you stop?

MOSTOP15 **YRSTOP15**
month year

CAFFEINE QUESTIONS (11): (3 MONTHS)

WHENCF15 1 Data collected today at home visit
 2 Data collected in clinic:
Date: **CFCLDT15** month day year

11 On a typical day, how many cups of regular coffee (with caffeine) do you drink?

COFFEE15 cups

How many cups of regular tea (with caffeine) do you drink?

TEA15 cups

How many glasses or cans of cola or other soda with caffeine do you drink?

SODA15 glasses or cans

12 During the last two weeks, did you take any aspirin or aspirin-containing medicines such as Bufferin, Anacin, or Ascriptin?

ASA15 YES 1 NO 0

If "Yes," on how many days during the last two weeks did you take this medicine?

ASALW15 (number of days)

13 Do you take sleeping pills one or more times a week?

SLPILL15 YES 1 NO 0 UNSURE 8

14 Did a doctor prescribe nitroglycerin for you in the last year?

YES NO UNSURE
NITRO15 1 0 8

The next few questions I have are about your sleep last night.

15 What time did you go to sleep last night?

1 A.M. **TMSLA15** (2:00 A.M.)
TMSLH15 **TMSLM15** 2 P.M.

16 What time did you wake up today?

1 A.M. **TMWUA15** (12:00 A.M.)
TMWUH15 : **TMWUM15** 2 P.M.

17 How long did you sleep last night?

HWLGHR15 hours **HWLGMN15** minutes

18 How well did you sleep last night?

(Show Card D, then check one.) **HWWELL15**

- 1 Much worse than usual
- 2 Somewhat worse than usual
- 3 As well as usual
- 4 A little better than usual
- 5 Much better than usual

19 If you took any naps today, for how long did you sleep during the naps? (Use "0" for no naps.)

NAPSHR15 hours **NAPSMN15** minutes

20 How stressful was your day today?

Was it: (Check one.) **STRESS15**

- 1 A typical day?
- 2 Less stressful than usual?
- 3 More stressful than usual?

Field Center Use Only

Interviewer administered, in: **LANG15**

- 1 English
- 2 Spanish
- 3 Lakota
- 4 Pima
- 5 Other, specify: **LANGOT15** _____
- 6 Unknown

Interviewer or Reviewer **INTID15** _____

Date: **DATE15** _____
month day year