



SLEEP HEART HEALTH STUDY

HEALTH INTERVIEW
New York

PPTID

SITE15

Before we get started, I have a few questions to ask you. These are questions mostly about your health history.

1 Have you ever had any of the following procedures? (SHOW CARD B)

Table with 4 columns: Procedure Name, YES, NO, UNSURE. Rows include CABG15 (coronary bypass surgery), CA15 (coronary angioplasty), PACEM15 (insertion of a pacemaker), and OTHRCS15 (other heart or cardiac surgery).

OCSSPC15

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

Table with 4 columns: Condition Name, YES, NO, UNSURE. Rows include SA15 (sleep apnea), EMPHYS15 (emphysema), CRBRON15 (chronic bronchitis), COPD15 (COPD), and ASTHMA15 (asthma).

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

Form for question 3 with YES, NO, UNSURE options and field ASTH1215.

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

Form for question 4 with YES, NO, UNSURE options and field COUGH315.

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

Form for question 5 with YES, NO, UNSURE options and field PHLEGM15.

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

Form for question 6 with YES, NO, UNSURE options and field RUNNY15.

7 Do you usually have sinus trouble?

Form for question 7 with YES, NO, UNSURE options and field SINUS15.

The next few questions are about cigarette smoking.

SMOKING QUESTIONS (8-12): (3 MONTHS)

Form for smoking questions with options for home visit (WHENSM15) and clinic data collection, including a date field (SMCLDT15).

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

EVSMOK15 YES  1 NO  0 → Skip to Question 13.

9 How old were you when you first started regularly smoking cigarettes?

AGESMK15 \_\_\_\_\_ years old

10 Since you began smoking, was there ever a period of one year or more that you did not smoke?

NS1YR15 YES  1 NO  0

If "YES," for how many years did you NOT smoke?

YRSNS15 \_\_\_\_\_ years

11 Do you now smoke cigarettes?

SMKKNOW15 YES  NO

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

12 On average, during the entire time you smoked, how many cigarettes did you usually smoke per day?

AVESMK15 \_\_\_\_\_ (number of cigarettes)

### CAFFEINE QUESTIONS (13): (3 MONTHS)

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

13 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

### ALCOHOL QUESTIONS (14): (3 MONTHS)

1 Data collected today at home visit  
WHENAL15  
 2 Data collected in clinic:  
Date: ALCLDT15 \_\_\_\_\_  
month day year

14 How many glasses (4 oz.) of wine do you usually have per week?

WINE15 \_\_\_\_\_ glasses

How many bottles or cans of beer (12 oz.) do you usually have per week?

BEER15 \_\_\_\_\_ cans/bottles

How many drinks with hard liquor (1 shot) do you usually have per week?

SHOTS15 \_\_\_\_\_ drinks

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

YES  1 NO  0  
**ASA15**

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

ASALW15 (number of days)

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

YES  1 NO  0 UNSURE  8  
**SLPILL15**

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

YES  1 NO  0 UNSURE  8  
**NITRO15**

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

**18** What time did you go to sleep last night?

1 A.M.  
(Midnight is 12:00 A.M.) **TMSLA15**  
**TMSLH15** **TMSLM15**  2 P.M.

**19** What time did you wake up today?

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

**20** How long did you sleep last night?

HWLGHR15 hours HWLGMN15 minutes

**21** 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

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

NAPSHR15 hours NAPSMN15 minutes

**23** 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