



SLEEP HEART HEALTH STUDY

HEALTH INTERVIEW

Field Site ID: CLINIC
 Participant ID#: PPTID
 Alpha Code: SHHS ___
 Date form initiated: FORMDATE - 2 / 0 / 0
 Visit ID Code: F 0 2 ^{month} 2 ^{day} FORMREV ^{year}
 Form & revision: H I 2 FORMREV
 Form sequence: FORMSEQ

A. Past history

1. Has a doctor ever told you that you have the following?

	YES	NO	Don't know
hi201a a. Emphysema	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
hi201b b. Chronic bronchitis	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
hi201c c. COPD (chronic obstructive pulmonary disease)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
hi201d d. Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

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hi201e e. Do you still have asthma?

YES	NO
<input type="checkbox"/> 1	<input type="checkbox"/> 0

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

YES	NO
<input type="checkbox"/> 1	<input type="checkbox"/> 0

↓

hi202 a. If "Yes," on how many days during the last two weeks did you take this medicine?

hi202a _____ (number of days)

B. Last night and today

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

3. What time did you go to sleep last night?

hi203h : hi203m 1 hi203ap 2 P.M.
 (Midnight is 12:00 A.M.)

4. How long did you sleep last night?

hi204h _____ hours hi204m _____ minutes

5. How well did you sleep last night? hi205

- 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

6. If you took any naps today, what is the total time you slept during the naps? (use "00" minutes for no naps.)

hi206h _____ hours hi206m _____ minutes

7. How stressful was your day today? hi207

Was it: (check one.)

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

C. Restless legs

8. In the past year, while SITTING OR LYING DOWN, have you had any of the following symptoms?

hi208a

a. An urge to move your legs

YES	NO	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

hi208b

b. Unpleasant or uncomfortable feelings in your legs

YES	NO	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

If answer is "No" or "Don't Know" to both, go to question 16.

Questions #9-10 are about your MOST FREQUENT symptom you checked as yes in item #8.

hi209

9. How often do you get this symptom?
(check the one best answer)

- 1 Less than once a month
- 2 About once a month
- 3 2-4 days a month
- 4 5-15 days a month
- 5 Most days (16-23 days a month)
- 6 Daily (6 days a week or more)

hi210

10. How bothersome or troublesome is this symptom? (answer based on most frequent symptom) **Does it bother you:** (check one)

- 1 Hardly at all
- 2 A little
- 3 Moderately
- 4 A lot
- 5 Extremely

Questions #11-15 refer to all symptoms you checked as present in item #8.

11. These symptoms are most likely to occur when you are (check the one best answer): hi211

- 1 Resting, sitting or lying down
- 2 Exercising or just stopped exercising
- 3 Standing or walking
- 4 Having a leg cramp or "charlie horse"
- 8 Don't know

12. Are they worse when you are sitting or lying down than when you are moving around or walking? hi212

YES	NO	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

13. Do the symptoms improve if you get up and start walking? hi213

YES	NO	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

14. What time of day do they occur? (check the one best answer): hi214

- 1 Daytime only (before 6 PM)
- 2 Bedtime only
- 3 Evening or nighttime only (after 6 PM)
- 4 Both day and night

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a. If both day and night, do they get worse at night? hi214a

YES	NO	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

15. How old were you when you first noticed these symptoms? (write in "D" if Don't know)

hi215 _____ age in years (approximate OK)

16. Has a doctor ever told you that you have the restless leg syndrome? hi216

YES NO Don't know
 ₁ ₀ ₈

D. Administrative information

Field Site Use Only

17. Interviewer administered in: hi217

- ₁ English
- ₂ Spanish
- ₃ Lakota
- ₄ Pima
- ₅ Other, specify: hi217s
- ₆ Unknown

18. Interviewer or Reviewer: hi218 _____

19. Date: hi219 — ____ — 2 0 0 ____
 month day year

20. Comments:

hi220s

hi220t

hi220u