

FIELD SITE USE ONLY**SLEEP HEART HEALTH STUDY****MORNING SURVEY**Field Site ID: CLINICParticipant ID#: PPTIDAlpha Code: SHHSDate form initiated: FORMDATE - 2 / 0 / 0Visit ID Code: F / 0 / 2 VISITForm & revision: M / S / 2 FORMREVForm sequence #: FORMSEQ**A. Participant questions**

After you get up, please fill out this form as completely as you can. If you have any questions, the technician will be happy to help you when your monitor is collected.

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

1 A.M. (Midnight is 12:00 A.M.)
ms201h : ms201m ms201ap .M.

2. What time did you wake up today?

1 A.M. (Midnight is 12:00 A.M.)
ms202h : ms202m ms202ap .M.

3. How much time do you think you actually slept last night?

ms203h HOURS ms203m MINUTES

4. Rate the actual quality of your sleep last night (Do not compare to usual sleep quality). My sleep last night was (circle a number for each):**ms204a****a. Light****Deep**

1 2 3 4 5

ms204b**b. Short****Long**

1 2 3 4 5

ms204c**c. Restless****Restful**

1 2 3 4 5

5. Compared to your usual night's sleep, how well did you sleep last night?

(check one) **ms205**

- 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. How long did it take you to fall asleep at bedtime last night?

ms206h HOURS ms206m MINUTES

7. What was your sleeping arrangement last night? (check one) **ms207**

- ₁ Another person in same bed
- ₂ Another person in same room but different bed
- ₃ Alone in room

8. What is your usual sleeping arrangement? (check one) **ms208**

- ₁ Another person in same bed
- ₂ Another person in same room but different bed
- ₃ Alone in room

For Questions 9-11, please think back to the four-hour period before you went to sleep last night.

9. How many of the following drinks did you have during the 4 hours before you went to sleep last night? (Please write "0" if you did not drink any of that beverage.)

- ms209a** a. ___ glasses of wine (4 oz.)
- ms209b** b. ___ drinks with hard liquor (1 shot)
- ms209c** c. ___ bottles or cans of beer (12 oz.)

10. How many of the following drinks with caffeine did you have during the 4 hours before you went to sleep last night? (Please write "0" if you did not drink any of that beverage.)

ms210a a. ___ cups of regular coffee (with caffeine)

ms210b b. ___ cups of tea (with caffeine)

ms210c c. ___ glasses or cans of cola or other soda (with caffeine)

11. How much did you smoke during the 4 hours before you went to sleep last night? (Please write "0" for each that you did not smoke last night.)

ms211a a. ___ number of cigarettes

ms211b b. ___ number of pipe bowls

ms211c c. ___ number of cigars

ms212 **12. Did you have nasal stuffiness, obstruction, or discharge last night? (check one)**

₁ Yes ₀ No
↓

ms212a **a. If yes, did this interfere with your sleep last night? (check one)**

₁ Yes ₀ No

B. Administrative information

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13. ₀ Self administered/Interviewer administered, in: **ms213**

₁ English ₄ Pima

₂ Spanish ₅ Other, specify: **ms213s** _____

₃ Lakota ₆ Unknown

14. Interviewer or Reviewer: **ms214** _____

15. Date: **ms215** ___ - ___ - 20___
 month day year