



Field Site ID: CLINIC
 Participant ID#: PPTID
 Alpha Code: SHHS
 Date form initiated: FORMDATE - 2 / 0 / 0
 Visit ID Code: F / 0 / 2 ^{month} VISIT ^{day} / 0 / 0 ^{year}
 Form & revision: S / C / 3 **FORMREV**
 Form sequence #: FORMSEQ

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

A. General

1. In general, would you say your health is: (check one) sc301

Excellent	<input type="checkbox"/> 1	Fair	<input type="checkbox"/> 4
Very good	<input type="checkbox"/> 2	Poor	<input type="checkbox"/> 5
Good	<input type="checkbox"/> 3		

B. Cardiovascular

2. Has a doctor ever told you that you have or had the following?

	Yes	No	Unsure
sc302a a. Angina	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
sc302b b. Heart attack (myocardial infarct)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
sc302c c. Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
sc302d d. Heart failure	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

3. Have you ever had any of the following procedures?

	Yes	No	Unsure
sc303a a. Coronary bypass surgery ("CABBAGE")	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
sc303b b. Coronary angioplasty (balloon angioplasty)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
sc303c c. Insertion of a pacemaker (defibrillator)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
sc303d d. Other heart or cardiac surgery	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

↓

sc303e e. If "Yes" to "Other heart or cardiac surgery," please specify:

4. Did a doctor prescribe nitroglycerin for you in the last year? **sc304**

1 Yes 0 No 8 Unsure

C. Sleep apnea

5. Has a doctor ever told you that you have sleep apnea? **sc305**

1 Yes 0 No 8 Unsure

→ Skip to item 9.

6. Have you ever been treated for sleep apnea with somnoplasty, laser treatment or other surgery? **sc306**

1 Yes 0 No 8 Unsure

D. PSG Eligibility

Items 7 and 8 are for participants diagnosed with sleep apnea

7. In the past three months, have you slept with a pressure mask ("CPAP" or "BiPAP") for sleep apnea? **sc307**

1 Yes 0 No

8. In the past three months, have you slept with a mouthpiece for snoring or sleep apnea? **sc308**

1 Yes 0 No

9. Do you have an open tracheostomy? 1 Yes 0 No **sc309**

10. In the past three months, have you usually used oxygen therapy (oxygen delivered by a mask or nasal cannula) during your sleep? **sc310**

1 Yes 0 No

*If YES to 7, 8, 9, or 10, recruit for home visit **without** PSG. All others, recruit for home visit **with** PSG.*

11. PSG Eligibility: **sc311**

1 Home visit with PSG 2 Home visit without PSG

E. Administrative information

Field Site Use Only

12. Interviewer administered, in: **sc312**

₁ English

₄ Pima

₂ Spanish

₅ Other, specify: **sc312s**_____

₃ Lakota

₆ Unknown

13. Interviewer or Reviewer: **sc313** _____ 14. Date: **sc314** _____
month day — 2 0 0 _____
year