


**FIELD SITE USE ONLY**



**SLEEP HEART HEALTH STUDY**

**SHORT SAQLI**

Field Site ID: CLINIC  
 Participant ID#: PPTID  
 Alpha Code: SHHS  
 Date form initiated: FORMDATE - 2 0 0  
month day year  
 Visit ID Code: F 0 2 **VISIT**  
 Form & revision: S Q 2 **FORMREV**

*This questionnaire has been designed to find out how you have been doing and feeling over the last 4 weeks. Please answer each question by marking the appropriate box.*

**1. How much of the time have you had to push yourself to remain alert during a typical day (e.g. work, school, childcare, housework)?** sq201

Not at all	A small amount	A small to moderate amount	A moderate amount	A moderate to large amount	A large amount	A very large amount
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**2. How often have you had to use all your energy to accomplish your most important activity (e.g. work, school, childcare, housework)?** sq202

Never	A small amount of the time	A small to moderate amount of the time	A moderate amount of the time	A moderate to large amount of the time	A large amount of the time	A very large amount of the time
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**3. How much difficulty have you had finding the energy to do other activities (e.g. exercise, relaxing activities)?** sq203

No difficulty	A small amount	A small to moderate amount	A moderate amount	A moderate to large amount	A large amount	A very large amount
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**4. How much difficulty have you had fighting to stay awake? sq204**

No difficulty  
\_0

A small amount  
\_1

A small to moderate amount  
\_2

A moderate amount  
\_3

A moderate to large amount  
\_4

A large amount  
\_5

A very large amount  
\_6

**5. How much of a problem has it been to be told that your snoring is irritating? sq205**

I do not snore  
\_0

No problem  
\_1

A small problem  
\_2

A small to moderate problem  
\_3

A moderate problem  
\_4

A moderate to large problem  
\_5

A large problem  
\_6

A very large problem  
\_7

**6. How much of a problem have frequent conflicts or arguments been? sq206**

No problem  
\_0

A small problem  
\_1

A small to moderate problem  
\_2

A moderate problem  
\_3

A moderate to large problem  
\_4

A large problem  
\_5

A very large problem  
\_6

**7. How often have you looked for excuses for being tired? sq207**

Never  
\_0

A small amount of the time  
\_1

A small to moderate amount of the time  
\_2

A moderate amount of the time  
\_3

A moderate to large amount of the time  
\_4

A large amount of the time  
\_5

A very large amount of the time  
\_6

**8. How often have you not wanted to do things with your family and/or friends? sq208**

Never  
\_0

A small amount of the time  
\_1

A small to moderate amount of the time  
\_2

A moderate amount of the time  
\_3

A moderate to large amount of the time  
\_4

A large amount of the time  
\_5

A very large amount of the time  
\_6

**9. How often have you felt depressed, down, or hopeless? sq209**

Never  
\_0

A small amount of the time  
\_1

A small to moderate amount of the time  
\_2

A moderate amount of the time  
\_3

A moderate to large amount of the time  
\_4

A large amount of the time  
\_5

A very large amount of the time  
\_6

**10. How often have you been impatient? sq210**

Never	A small amount of the time	A small to moderate amount of the time	A moderate amount of the time	A moderate to large amount of the time	A large amount of the time	A very large amount of the time
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

**11. How much of a problem has it been to cope with everyday issues? sq211**

No problem	A small problem	A small to moderate problem	A moderate problem	A moderate to large problem	A large problem	A very large problem
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

**12. How much of a problem have you had with decreased energy? sq212**

No problem	A small problem	A small to moderate problem	A moderate problem	A moderate to large problem	A large problem	A very large problem
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

**13. How much of a problem have you had with fatigue? sq213**

No problem	A small problem	A small to moderate problem	A moderate problem	A moderate to large problem	A large problem	A very large problem
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

**14. How much of a problem have you had waking up feeling unrefreshed? sq214**

No problem	A small problem	A small to moderate problem	A moderate problem	A moderate to large problem	A large problem	A very large problem
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

**Field Site Use Only**

15. <sub>0</sub> Self administered/Interviewer administered, in: **sq215**

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>1</sub> English | <input type="checkbox"/> <sub>4</sub> Pima                                |
| <input type="checkbox"/> <sub>2</sub> Spanish | <input type="checkbox"/> <sub>5</sub> Other, specify: <b>sq215s</b> _____ |
| <input type="checkbox"/> <sub>3</sub> Lakota  | <input type="checkbox"/> <sub>6</sub> Unknown                             |

16. Interviewer or Reviewer: **sq216** \_\_\_\_\_

17. Date: **sq217**          -              
                  month    day                    year

18. Comments:

- sq218s** \_\_\_\_\_
- sq218t** \_\_\_\_\_
- sq218u** \_\_\_\_\_