

3.4.7 Sleep History

I. PURPOSE

The Sleep History Questionnaire is used to obtain information about sleep habits and, especially, about symptoms of sleep apnea (abnormal breathing during sleep). Recent studies suggest that disordered breathing during sleep might be related to cardiovascular conditions such as hypertension, heart disease, and stroke.

II. MATERIALS/EQUIPMENT

This is a **self-administered form**. Please give the form and a pencil to the participant and provide brief instructions for completion. It should take about three minutes to complete the questionnaire.

III. DEFINITIONS

Most of the terms on the questionnaire require no special explanation; they are used by the layperson. The definition of “sleep apnea” (Question 8) is provided within the question.

IV. METHODS

1. General Instructions

- 1.1 The participant should complete the form privately, in a quiet room, sitting at a table, and with no sense of urgency. Please hand the form and a pencil to the participant and tell him/her to answer each question by darkening the circle of the appropriate response. Review the top section of the form with the participant before starting. Please emphasize the importance of having complete and accurate information.
- 1.2 Ask the participant to try to respond to all questions, unless instructed to skip a question. Show the participant an example of a skip pattern (e.g., Question 3). Remind the participant to request assistance from a staff member if anything is unclear. If the participant expresses or appears to have difficulty reading or comprehending the questions, offer your help and make arrangements for an interviewer-administered version in the appropriate language.
- 1.3 Important points for interviewers and participants to consider:
 - Should the topic of confidentiality arise, please remind the participant that all collected information is strictly confidential and will only be used for research purposes. If a participant seems upset by the questions or does not want to answer, he or she should feel free to skip the question or section. Refusal to answer the questions will not jeopardize participation in the study.
 - Most people should understand the terms on the questionnaire. If the participant asks about the meaning of any item or tries to qualify a statement, please ask the participant to re-read the statement (or question) and answer as best they understand.
 - If a participant has trouble choosing between a higher and a lower number of occurrences (e.g., 2–4 times per month vs. 5–15 times per month), instruct him/her to select the lower.

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2. Specific Instructions for Completing the Sleep History Questionnaire

The questionnaire begins with the following introduction statement:

The following questions are about your sleep . Please consider both what others have told you about your sleep and what you know yourself. If you have any questions, please ask a MESA staff member.

1. ***How much sleep do you usually get at night (or your main sleep period) on weekdays or workdays?***

The participant should record the number of hours he/she sleeps during this period.

2. ***How long does it usually take you to fall asleep at bedtime?***

The participant should record the number of hours it takes him/her to fall asleep.

3. ***In the past 12 months, how often do you snore while you are sleeping?***

The participant should mark the response that best corresponds to the number of nights per week he/she snores.

4. ***In the past 12 months, how often do you snort, gasp, or stop breathing while you are asleep?***

The participant should mark the response that best corresponds to the number of night per week he/she snorts, gasps, or stops breathing.

5. ***Please indicate how often in the past month you experienced each of the following?***

The participant should mark the most appropriate answer for each of the four items.

6. ***What is the chance that you would doze off or fall asleep (not just “feel tired”) in each of the following situations?***

The participant should mark the most appropriate answer for each of the ten situations (or provide a “best guess” for situations he/she would never or rarely be in).

7. ***Have you ever been told by a doctor or other health professional that you have any of the following?***

The participant should answer “yes,” “no,” or “don’t know” for each of the three items.

At this point the questionnaire is complete. If the participant forgot to enter the date on the top of the form, please fill in the date.

A MESA staff member will complete the form by filling out the box “For MESA Field Center Use Only:”

- Mark self-administered or interviewer-administered.
- Record Interviewer or Reviewer ID (your ID number)