

This form was not included in the final analytic dataset

Keyed: ()

FIELD SITE USE ONLY



SLEEP HEART HEALTH STUDY

FOSQ

Field Site ID: CLINIC
 Participant ID#: PPTID
 Alpha Code: SHHS
 Date form initiated: FORMDATE - 2 / 0 / 0
 Visit ID Code: F / 0 / 2 ^{month} 1 ^{day} VISIT
 Form & revision: F / Q / 2 FORMREV

Instructions: Please put a ✓ in the box for your answer to each question. Select **one** answer for each question. Please try to be as accurate as possible. All information will be kept confidential.

Some people have difficulty performing everyday activities when they feel tired or sleepy. The purpose of this questionnaire is to find out if you generally have difficulty carrying out certain activities because you are too sleepy or tired. In this questionnaire, when the words “sleepy” or “tired” are used, it means the feeling that you can’t keep our eyes open, your head is droopy, that you want to “nod off”, or that you feel the urge to take a nap. These words do not refer to the tired or fatigued feeling you may have after you have exercised.

	No difficulty	Yes, a little difficulty	Yes, moderate difficulty	Yes, extreme difficulty
fq201 1. Do you have difficulty concentrating on the things you do because you are sleepy or tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq201 2. Do you generally have difficulty remembering things because you are sleepy or tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq201 3. Do you have difficulty finishing a meal because you become sleepy or tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

		I don't do this activity for other reasons	No difficulty	Yes, a little difficulty	Yes, moderate difficulty	Yes, extreme difficulty
fq204	4. Do you have difficulty working on a hobby (for example, sewing, collecting, gardening) because you are sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq205	5. Do you have difficulty doing work around the house (for example, cleaning house, doing laundry, taking out the trash, repair work) because you are sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq206	6. Do you have difficulty operating a motor vehicle for <u>short</u> distances (less than 100 miles) because you become sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq207	7. Do you have difficulty operating a motor vehicle for <u>long</u> distances (greater than 100 miles) because you become sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq208	8. Do you have difficulty getting things done because you are too sleepy or tired to drive or take public transportation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq209	9. Do you have difficulty taking care of financial affairs and doing paperwork (for example, writing checks, paying bills, keeping financial records, filling out tax forms, etc.) because you are sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq210	10. Do you have difficulty performing employed or volunteer work because you are sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

		I don't do this activity for other reasons	No difficulty	Yes, a little difficulty	Yes, moderate difficulty	Yes, extreme difficulty
fq211	11. Do you have difficulty maintaining a telephone conversation, because you become sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
fq212	12. Do you have difficulty visiting with your family or friends in <u>your</u> home because you become sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
fq213	13. Do you have difficulty visiting with your family or friends in <u>their</u> home because you become sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
fq214	14. Do you have difficulty doing things for your family or friends because you are too sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
fq215	15. Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired?		No	Yes, a little	Yes, moderately	Yes, extremely
			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	In what way has your relationship been affected?					

fq215s

fq215t

fq215u

		I don't do this activity for other reasons	No difficulty	Yes, a little difficulty	Yes, moderate difficulty	Yes, extreme difficulty
fq216	16. Do you have difficulty exercising or participating in a sporting activity because you are too sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq217	17. Do you have difficulty watching a movie or videotape because you become sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq218	18. Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq219	19. Do you have difficulty enjoying a concert because you become sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq220	20. Do you have difficulty watching TV because you are sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq221	21. Do you have difficulty participating in religious services, meetings, or a group or club because you are sleepy or tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq222	22. Do you have difficulty being as active as you want to be in the <u>evening</u> because you are sleepy or tired?		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
fq223	23. Do you have difficulty being as active as you want to be in the <u>morning</u> because you are sleepy or tired?		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

fq224

24. Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired?

No difficulty

Yes, a little difficulty

Yes, moderate difficulty

Yes, extreme difficulty

1

2

3

4

fq225

25. Do you have difficulty keeping pace with others your own age because you are sleepy or tired?

1

2

3

4

fq226

26. How would you rate your general level of activity?

Very low

Low

Medium

High

1

2

3

4

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27. ₀ Self administered/Interviewer administered, in: **fq227**

₁ English ₄ Pima

₂ Spanish ₅ Other, specify: **fq227s** _____

₃ Lakota ₆ Unknown

28. Interviewer or Reviewer: **fq228** _____

29. Date: **fq229** - ____ - 2 0 0 ____
 month day year

30. Comments:

fq230s _____

fq230t _____

fq230u _____