

WB&A
Job #05-638
August 2005

Time Started: _____
Time Ended: _____
Call Length: _____
Sample Page: _____
ID#: _____

**NATIONAL SLEEP FOUNDATION
2006 SLEEP IN AMERICA POLL
SCREENING QUESTIONNAIRE**

Respondent Name: _____

Telephone Number: _____

Interviewer: _____ Date: _____ Day of week: _____

Hello, I am ___ with WB&A, a national research firm. I am calling on behalf of the National Sleep Foundation to conduct a survey about children's sleep habits. This is not a sales call; it is a research survey, and your responses will be kept strictly confidential.

S1. First, are there any children living in your home in grades 6-12?

- 01 Yes → CONTINUE
- 02 No → THANK AND TERMINATE
- 98 Refused → THANK AND TERMINATE

S2. For these children, are you...**(READ LIST.)**

- 01 The primary caregiver, → CONTINUE
- 02 Someone who shares equally in the childcare, or → CONTINUE
- 03 Is someone else the primary caregiver? → ASK TO SPEAK TO THE
PRIMARY CAREGIVER AND
RESCREEN
- 98 **DO NOT READ:** Refused → THANK AND TERMINATE

S2a. For how many of these children in grades 6-12 are you the caregiver?
**(RECORD NUMBER OF CHILDREN BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR
"DON'T KNOW" AND 98 FOR "REFUSED." IF NONE, THANK AND TERMINATE)**

of Children: _____

IF RESPONDENT IS NOT A CAREGIVER FOR CHILDREN IN GRADES 6-12, THANK AND TERMINATE. SAY: Today, we are only interviewing people with children in grades 6 through 12. Those are all the questions I have.

S3. Thinking about these children in grades 6-12, starting with your youngest child, what is this child's age?

S4. Is this child male or female? **QUOTA (n=____) EACH**

S5. Would you consider this child to be White, Black, Hispanic, Asian, or of some other racial or ethnic background?

S6. What grade is he or she in? **(DO NOT READ LIST.)**

ASK S4 – S6 FOR EACH CHILD IN GRADES 6-12 BEFORE GOING TO THE NEXT CHILD. ALLOW UP TO SIX CHILDREN. ONLY RECORD FOR THOSE CHILDREN IN GRADES 6-12.

S3_1. **ASK:** What is the age of the next youngest child?

	Child 1 (Youngest)	Child 2	Child 3	Child 4	Child 5	Child 6
S3. Age	___ Years 98 Refused	___ Years 98 Refused	___ Years 98 Refused	___ Years 98 Refused	___ Years 98 Refused	___ Years 98 Refused
S4. Gender	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused	01 Male 02 Female 98 Refused
S5. Racial Background	01 White 02 Black/AA 03 Hispanic 04 Asian 05 Native American 95 Other (specify:) ___ 98 Refused	01 White 02 Black/AA 03 Hispanic 04 Asian 05 Native American 95 Other (specify:) ___ 98 Refused	01 White 02 Black/AA 03 Hispanic 04 Asian 05 Native American 95 Other (specify:) ___ 98 Refused	01 White 02 Black/AA 03 Hispanic 04 Asian 05 Native American 95 Other (specify:) ___ 98 Refused	01 White 02 Black/AA 03 Hispanic 04 Asian 05 Native American 95 Other (specify:) ___ 98 Refused	01 White 02 Black/AA 03 Hispanic 04 Asian 05 Native American 95 Other (specify:) ___ 98 Refused
S6. Grade	06 6 th grade 07 7 th grade 08 8 th grade 09 9 th grade 10 10 th grade 11 11 th grade 12 12 th grade 98 Refused 99 Don't know	06 6 th grade 07 7 th grade 08 8 th grade 09 9 th grade 10 10 th grade 11 11 th grade 12 12 th grade 98 Refused 99 Don't know	06 6 th grade 07 7 th grade 08 8 th grade 09 9 th grade 10 10 th grade 11 11 th grade 12 12 th grade 98 Refused 99 Don't know	06 6 th grade 07 7 th grade 08 8 th grade 09 9 th grade 10 10 th grade 11 11 th grade 12 12 th grade 98 Refused 99 Don't know	06 6 th grade 07 7 th grade 08 8 th grade 09 9 th grade 10 10 th grade 11 11 th grade 12 12 th grade 98 Refused 99 Don't know	06 6 th grade 07 7 th grade 08 8 th grade 09 9 th grade 10 10 th grade 11 11 th grade 12 12 th grade 98 Refused 99 Don't know

DO NOT INTERVIEW ANY CHILD WHO IS 10 YEARS OLD OR YOUNGER, OR WHO IS 18 YEARS OR OLDER.

WE ARE ONLY IN TERVIUEWING CHILDREN AGE 11-17.

**IF ONLY ONE CHILD IN HOUSEHOLD AND AGE=10/18, THANK AND TERMINATE.
IF MULTIPLE CHILDREN IN HOUSEOLD AND ONE AGE=10/18 AND OTHERS AGES=11-17,
RANDOMOLY SELECT ONE TO INTERVIEW WHO IS AGE 11-17.**

**IF REFUSED AGE, GRADE, GENDER OF CHILD, THANK AND TERMINATE.
IF REFUSED RACE, CONTINUE, BUT TALLY.**

Quotas – Grade Level	
<u>Middle School</u>	<u>High School</u>
6 th grade – 250 (125M/125F)	9 th grade – 250 (125M/125F)
7 th grade – 250 (125M/125F)	10 th grade – 250 (125M/125F)
8 th grade – 250 (125M/125F)	11 th grade – 250 (125M/125F)
	12 th grade – 250 (125M/125F)

Quotas – Race (per grade level)
White - 135
Black/African American - 50
Hispanic - 50
Other - 15

S7. **RECORD FROM SAMPLE:** Region

- 01 Northeast (1) → **QUOTA (n=316)**
- 02 Midwest (2) → **QUOTA (n=410)**
- 03 South (3) → **QUOTA (n=618)**
- 04 West (4) → **QUOTA (n=406)**

SECTION 1: Parent Survey

As I mentioned earlier, this survey is about children's sleep habits. This is part of the National Sleep Foundation's annual poll about American's sleep habits. Keep in mind, there are no right or wrong answers. Now, I would like to ask you some general questions regarding **[IF ONLY ONE CHILD, READ: your child's] [IF MORE THAN ONE CHILD, READ: one of your children's]** sleep habits. **(SKIP TO NEXT PARAGRAPH IF ONLY CHILD)** I would like you to focus on one of your children, who will be randomly selected. Please focus on the child who is **[RANDOMLY INSERT AGE]. (IF RESPONDENT HAS TWINS THAT ARE THIS AGE, ASK THEM TO JUST THINK ABOUT ONE THEM FOR THIS SURVEY.)**

So I can refer to this child by name during this survey, could you please give me the name or initials of your **[INSERT AGE]** year-old? **(RECORD CHILD'S NAME. IF REFUSED, PLUG IN "THE CHILD")**

Child's name/initials: _____

First we will be asking you a series of questions about **[CHILD]**, and then we would like to ask **[CHILD]** some questions. Will that be okay? **(READ IF NECESSARY: The parent portion of this survey is expected to take 10 minutes, the child portion of this survey is expected to take 10 minutes.)**

- | | | | |
|----|---|---|---|
| 01 | Yes, agree for both parent and child to participate | → | CONTINUE |
| 02 | No, does not want child to participate | → | THANK AND TERMINATE |
| 03 | No, child cannot talk on phone due to special needs | → | RANDOMLY SELECT ANOTHER CHILD FOR INTERVIEW. GET NEW NAME/INITIALS |

P1. First, what is your relationship to **[CHILD]**? **(DO NOT READ LIST.)**

- 01 Mother
- 02 Father
- 03 Stepmother
- 04 Stepfather
- 05 Grandmother
- 06 Grandfather
- 07 Foster mother
- 08 Foster father
- 09 Nanny/babysitter
- 95 Other **(SPECIFY):** _____
- 98 Refused
- 99 Don't know

P2. What is **[CHILD]**'s approximate height without shoes? **(RECORD HEIGHT IN FEET AND INCHES BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED.")**

Feet: _____

Inches: _____

P3. What is **[CHILD]**'s approximate weight without shoes? **(RECORD WEIGHT IN POUNDS BELOW. DO NOT ACCEPT RANGES. RECORD 999 FOR "DON'T KNOW" AND 998 FOR "REFUSED.")**

Weight: _____

P4. RECORD BMI (BODY MASS INDEX) HERE _____.

P5. Does [CHILD] have his or her own bed?

- 01 Yes
- 02 No
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

P6. How many people does [CHILD] share a bedroom with? (DO NOT READ LIST.)

- 01 1 person
- 02 2 people
- 03 3 people
- 04 4 people
- 05 More than 4 people
- 96 None
- 98 Refused
- 99 Don't know

P7. Does [CHILD] have any of the following in his or her bedroom? (READ LIST. RANDOMIZE.)

	Yes	No	Don't Know	Refused
a. Television	01	02	99	98
b. Computer	01	02	99	98
c. Telephone	01	02	99	98
d. Cell phone	01	02	99	98
e. Internet access	01	02	99	98
f. Electronic or video games	01	02	99	98
g. Electronic music devices such as a radio or Mp3 player	01	02	99	98

P8. Do you set [CHILD]'s bedtime on school nights?

- 01 Yes → CONTINUE
- 02 No
- 98 Refused → SKIP TO P9
- 99 Don't know

IF "01" IN P8, ASK P8A. OTHERWISE SKIP TO P9

P8A. What is [CHILD]'s set bedtime on school nights? (RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99:99 FOR "DON'T KNOW" AND 99:98 FOR "REFUSED".)

___:___ HOUR:MINUTE

ASK EVERYONE:

P9. Are you or another adult in the household involved in waking **[CHILD]** in the morning on school days?

- 01 Yes
- 02 No
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

P10. How often would you say **[CHILD]** gets enough sleep on school nights? **(READ LIST.)**

- 05 Every night or almost every night,
- 04 A few nights a week,
- 03 A few nights a month,
- 02 Rarely, or
- 01 Never
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

P11. In general, do you consider **[CHILD]** to be an excellent, very good, good, fair or poor sleeper?

- 05 Excellent,
- 04 Very good,
- 03 Good,
- 02 Fair, or
- 01 Poor
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

P12. Do you think that **[CHILD]** has a sleep problem?

- 01 Yes
- 02 No
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

P13. During the past two weeks, how often did **[CHILD]** snore? Would you say...?

- 05 Every night or almost every night,
- 04 A few nights a week,
- 03 About once a week,
- 02 Rarely, or
- 01 Never
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

P14. What type of school does **[CHILD]** attend? **(READ LIST.)**

- 01 Public,
- 02 Parochial (religious affiliation),
- 03 Private or Independent, or
- 04 Home schooled
- 95 **DO NOT READ:** Other **(specify):** _____
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

P15. On most days, what time does **[CHILD]**'s school start? **(RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99:99 FOR "DON'T KNOW" AND 99:98 FOR "REFUSED." IF CHILD IS HOMESCHOOLED BEGINNING AT NO SET TIME, RECORD 00:00. IF START TIME VARIES, RECORD 99:96)**

___:___ HOUR:MINUTE

P16. On most days, what time does **[CHILD]** usually leave the house in the morning for school? **(RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99:99 FOR "DON'T KNOW" AND 99:98 FOR "REFUSED". IF HOME SCHOOLED IN OWN HOME, RECORD 00:00. IF LEAVING TIME VARIES, RECORD 99:96)**

___:___ HOUR:MINUTE

P17. On most days, how long does it take **[CHILD]** to get to school? **(RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED." IF HOME SCHOOLED IN OWN HOME, RECORD 00.)**

___ HOURS
___ MINUTES

P18. On most days, how does **[CHILD]** get to school? **(DO NOT READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Drives self
- 02 Rides with friend/s
- 03 Rides with parent/s or other caregiver(s)/family member(s)
- 04 Walks
- 05 Rides a bicycle
- 06 Uses public transportation
- 07 Rides a school bus
- 08 Home schooled in own home
- 95 Other **(specify):** _____
- 98 Refused
- 99 Don't know

P19. On most days, what time does **[CHILD]** get home for the day? **(RECORD TIME BELOW. DO NOT ACCEPT RANGES. RECORD 99:99 FOR "DON'T KNOW" AND 99:98 FOR "REFUSED." IF HOME SCHOOLED IN OWN HOME, RECORD 00:00. IF TIME VARIES, RECORD 99:96)**

___:___ HOUR:MINUTE

P20. Thinking about how **[CHILD]** does in school, what grades does **[CHILD]** mostly get? Would you say...? **(READ LIST.)**

- 01 A's,
- 02 A's and B's,
- 03 B's,
- 04 B's and C's,
- 05 C's,
- 06 C's and D's,
- 07 D's,
- 08 D's and F's, or
- 09 F's
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

P21. Think about **[CHILD]**'s usual schedule and how s/he spends his/her time during the school week. How much time does **[CHILD]** spend each week **[INSERT]**? Your best estimate is fine. **(RANDOMIZE. RECORD IN HOURS AND MINUTES. USE 00 FOR NONE, 98 FOR REFUSED, 99 FOR DON'T KNOW.)**

ACTIVITY	Number of hours
a. Participating on a sports team or exercising	
b. Doing extracurricular activities, such as scouts, music lessons or religious school	

P22. Does **[CHILD]** currently take any prescription medications for any of the following: **(READ ITEM. RANDOMIZE. ALWAYS ASK G LAST.)**

		Yes	No	Ref	DK
A	ADD or ADHD	01	02	98	99
B	Asthma	01	02	98	99
C	Depression	01	02	98	99
D	Diabetes	01	02	98	99
E	Sleep disorder	01	02	98	99
F	Allergies	01	02	98	99
G	Any other chronic condition (specify: _____)	01	02	98	99

P22A. This year, have you or do you plan to get **[CHILD]** vaccinated for the flu?

- 01 Yes
- 02 No
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

P23. What is your marital status? Are you...**(READ LIST)**

- 01 Married,
- 02 Partnered or living with someone,
- 03 Single,
- 04 Divorced,
- 05 Separated, or
- 06 Widowed?
- 98 **DO NOT READ:** Refused

P24. What was the last grade or highest level of school that you have completed? **(DO NOT READ LIST.)**

- 01 8th grade or less
- 02 Some high school
- 03 Graduated high school/GED
- 04 Vocational/Technical school
- 05 Some college
- 06 Graduated college
- 07 Advanced degree (M.A., Ph.D., etc.)
- 98 Refused

IF "01-02" IN P23, ASK:

P25. What was the last grade or highest level of school that your partner has completed? **(DO NOT READ LIST.)**

- 01 8th grade or less
- 02 Some high school
- 03 Graduated high school/GED
- 04 Vocational/Technical school
- 05 Some college
- 06 Graduated college
- 07 Advanced degree (M.A., Ph.D., etc.)
- 98 Refused

ASK EVERYONE:

P26. Please stop me when I reach the category that includes your total annual household income. **(READ LIST. IF SINGLE, ASK FOR PERSONAL INCOME.)**

- 01 Under \$15,000,
- 02 \$15,000 to less than \$25,000,
- 03 \$25,000 to less than \$35,000,
- 04 \$35,000 to less than \$50,000,
- 05 \$50,000 to less than \$75,000,
- 06 \$75,000 to less than \$100,000,
- 07 \$100,000 to less than \$150,000,
- 08 \$150,000 to less than \$200,000, or
- 09 \$200,000 or more
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

READ TO EVERYONE:

Those are all the questions I have for you today. Now we would like to ask **[CHILD]** some questions. Can you please put **[CHILD]** on the phone. **IF NECESSARY:** We will simply be asking your child about their sleep habits, including what time they wake in the morning, if they think they get enough sleep, how often they feel tired, etc.

NOTE: IF PARENT IS CONCERNED ABOUT INTERVIEW, THEY MAY LISTEN IN WHILE CHILD IS INTERVIEWED, BUT THEY MAY NOT COACH CHILD WITH RESPONSES.

IF RESPONDENT ASKS FOR MORE INFORMATION ON THE NATIONAL SLEEP FOUNDATION,

SAY: For more information on the National Sleep Foundation, you can visit their Web site at www.sleepfoundation.org.

- | | | | |
|----|--------------------------------|---|--|
| 01 | Child available now | → | CONTINUE WITH CHILD PART OF SURVEY |
| 02 | Child NOT available now | → | SCHEDULE CALLBACK TO CONDUCT CHILD PART OF SURVEY |
| 98 | Refused to let child do survey | → | THANK AND TERMINATE |

SECTION 2: Child Survey

READ: Hi, I'm _____, calling with a national research firm on behalf of the National Sleep Foundation. I've just asked your **[INSERT RESPONSE FROM P1]** some questions and now I'd like to ask you some questions about your sleep habits. First, I'd like to ask you several questions about school nights.

C1. On a typical school night in the past two weeks, what was the usual time that you tried to go to sleep for the night? **(DO NOT READ LIST.)**

- | | | | |
|----|---------------------------|----|---------------------|
| 01 | 12:00 AM (Midnight) | 20 | 8:00 PM – 8:14 PM |
| 02 | 12:01 AM – 12:14 AM | 21 | 8:15 PM – 8:29 PM |
| 03 | 12:15 AM – 12:29 AM | 22 | 8:30 PM – 8:44 PM |
| 04 | 12:30 AM – 12:44 AM | 23 | 8:45 PM – 8:59 PM |
| 05 | 12:45 AM – 12:59 AM | 24 | 9:00 PM – 9:14 PM |
| 06 | 1:00 AM – 1:14 AM | 25 | 9:15 PM – 9:29 PM |
| 07 | 1:15 AM – 1:29 AM | 26 | 9:30 PM – 9:44 PM |
| 08 | 1:30 AM – 1:44 AM | 27 | 9:45 PM – 9:59 PM |
| 09 | 1:45 AM – 1:59 AM | 28 | 10:00 PM – 10:14 PM |
| 10 | 2:00 AM – 2:14 AM | 29 | 10:15 PM – 10:29 PM |
| 11 | 2:15 AM – 2:29 AM | 30 | 10:30 PM – 10:44 PM |
| 12 | 2:30 AM – 2:44 AM | 31 | 10:45 PM – 10:59 PM |
| 13 | 2:45 AM – 2:59 AM | 32 | 11:00 PM – 11:14 PM |
| 14 | 3:00 AM – 3:59 AM | 33 | 11:15 PM – 11:29 PM |
| 15 | 4:00 AM – 4:59 AM | 34 | 11:30 PM – 11:44 PM |
| 16 | 5:00 AM – 8:59 AM | 35 | 11:45 PM – 11:59 PM |
| 17 | 9:00 AM – 11:59 AM | 98 | Refused |
| 18 | 12:00 PM (Noon) – 6:59 PM | 99 | Don't know |
| 19 | 7:00 PM – 7:59 PM | | |

C2. Thinking about your sleep habits within the past two weeks on school nights, how often have you done the following in the hour before you went to bed? Would you say that, in the past two weeks, you **[INSERT ACTIVITY]** within an hour of going to bed every night or almost every night, a few nights a week, a few nights a month, rarely or never? **(READ LIST. RANDOMIZE.)**

ACTIVITY	Every night or almost every night	A few nights a week	A few nights a month	Rarely	Never	Refused	Don't know
a. Did homework or studied	05	04	03	02	01	98	99
b. Watched TV	05	04	03	02	01	98	99
c. Talked on the phone	05	04	03	02	01	98	99
d. Instant messaged or went on the Internet	05	04	03	02	01	98	99
e. Read for fun	05	04	03	02	01	98	99
f. Played electronic or video games	05	04	03	02	01	98	99
g. Exercised	05	04	03	02	01	98	99

C3. On most school nights, how long does it usually take you to fall asleep? Would you say...? **(READ LIST.)**

- 01 Less than 5 minutes,
- 02 5 up to 10 minutes,
- 03 10 up to 15 minutes,
- 04 15 up to 30 minutes,
- 05 30 up to 45 minutes,
- 06 45 minutes up to 1 hour, or
- 07 1 hour or more
- 08 **DO NOT READ:** Depends/Varies
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

C4. At what time do you usually get up on school days? **(DO NOT READ LIST.)**

- | | | | |
|----|---------------------|----|---------------------------|
| 01 | 12:00 AM (Midnight) | 16 | 7:15 AM – 7:29 AM |
| 02 | 12:01 AM – 3:59 AM | 17 | 7:30 AM – 7:44 AM |
| 03 | 4:00 AM – 4:14 AM | 18 | 7:45 AM – 7:59 AM |
| 04 | 4:15 AM – 4:29 AM | 19 | 8:00 AM – 8:14 AM |
| 05 | 4:30 AM – 4:44 AM | 20 | 8:15 AM – 8:29 AM |
| 06 | 4:45 AM – 4:59 AM | 21 | 8:30 AM – 8:44 AM |
| 07 | 5:00 AM – 5:14 AM | 22 | 8:45 AM – 8:59 AM |
| 08 | 5:15 AM – 5:29 AM | 23 | 9:00 AM – 9:59 AM |
| 08 | 5:30 AM – 5:44 AM | 24 | 10:00 AM – 10:59 AM |
| 10 | 5:45 AM – 5:59 AM | 25 | 11:00 AM – 11:59 AM |
| 11 | 6:00 AM – 6:14 AM | 26 | 12:00 PM (Noon) – 5:59 PM |
| 12 | 6:15 AM – 6:29 AM | 27 | 6:00 PM – 11:59 PM |
| 13 | 6:30 AM – 6:44 AM | 98 | Refused |
| 14 | 6:45 AM – 6:59 AM | 99 | Don't know |
| 15 | 7:00 AM – 7:14 AM | | |

C5. What or who usually wakes you up at this time? **(DO NOT READ LIST. ACCEPT ONE RESPONSE ONLY.)**

- 01 Alarm clock
- 02 Parents or family members are responsible for waking me up
- 03 Need to go to the bathroom
- 04 Light
- 05 Household noises or pet
- 06 Wake up naturally
- 09 Other (**specify:**) _____
- 98 Refused
- 99 Don't know

C6. How long do you usually sleep on a normal school night? Please do not include hours spent awake in bed. **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 98 FOR REFUSED AND 99 FOR DON'T KNOW.)**

Hours: _____
Minutes: _____

READ: Now, I'd like to ask you several questions about non-school nights, such as weekend nights.

C7. On a typical non-school night, such as weekends, in the past two weeks, what was the usual time that you tried to go to sleep for the night? **(DO NOT READ LIST.)**

- | | | | |
|----|---------------------------|----|---------------------|
| 01 | 12:00 AM (Midnight) | 20 | 8:00 PM – 8:14 PM |
| 02 | 12:01 AM – 12:14 AM | 21 | 8:15 PM – 8:29 PM |
| 03 | 12:15 AM – 12:29 AM | 22 | 8:30 PM – 8:44 PM |
| 04 | 12:30 AM – 12:44 AM | 23 | 8:45 PM – 8:59 PM |
| 05 | 12:45 AM – 12:59 AM | 24 | 9:00 PM – 9:14 PM |
| 06 | 1:00 AM – 1:14 AM | 25 | 9:15 PM – 9:29 PM |
| 07 | 1:15 AM – 1:29 AM | 26 | 9:30 PM – 9:44 PM |
| 08 | 1:30 AM – 1:44 AM | 27 | 9:45 PM – 9:59 PM |
| 09 | 1:45 AM – 1:59 AM | 28 | 10:00 PM – 10:14 PM |
| 10 | 2:00 AM – 2:14 AM | 29 | 10:15 PM – 10:29 PM |
| 11 | 2:15 AM – 2:29 AM | 30 | 10:30 PM – 10:44 PM |
| 12 | 2:30 AM – 2:44 AM | 31 | 10:45 PM – 10:59 PM |
| 13 | 2:45 AM – 2:59 AM | 32 | 11:00 PM – 11:14 PM |
| 14 | 3:00 AM – 3:59 AM | 33 | 11:15 PM – 11:29 PM |
| 15 | 4:00 AM – 4:59 AM | 34 | 11:30 PM – 11:44 PM |
| 16 | 5:00 AM – 8:59 AM | 35 | 11:45 PM – 11:59 PM |
| 17 | 9:00 AM – 11:59 AM | 98 | Refused |
| 18 | 12:00 PM (Noon) – 6:59 PM | 99 | Don't know |
| 19 | 7:00 PM – 7:59 PM | | |

C8. On most non-school nights, how long does it usually take you to fall asleep? Would you say...? **(READ LIST.)**

- 01 Less than 5 minutes,
- 02 5 up to 10 minutes,
- 03 10 up to 15 minutes,
- 04 15 up to 30 minutes,
- 05 30 up to 45 minutes,
- 06 45 minutes up to 1 hour, or
- 07 1 hour or more
- 08 **DO NOT READ:** Depends/Varies
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

C9. At what time do you usually get up on non-school days? **(DO NOT READ LIST.)**

- | | | | |
|----|---------------------|----|----------------------------|
| 01 | 12:00 AM (Midnight) | 19 | 11:15 AM – 11:29 AM |
| 02 | 12:01 AM – 4:59 AM | 20 | 11:30 AM – 11:44 AM |
| 03 | 5:00 AM – 5:59 AM | 21 | 11:45 AM – 11:59 AM |
| 04 | 6:00 AM – 6:59 AM | 22 | 12:00 PM (Noon) – 12:14 PM |
| 05 | 7:00 AM – 7:59 AM | 23 | 12:15 PM – 12:29 PM |
| 06 | 8:00 AM – 8:14 AM | 24 | 12:30 PM – 12:44 PM |
| 07 | 8:15 AM – 8:29 AM | 25 | 12:45 PM – 12:59 PM |
| 08 | 8:30 AM – 8:44 AM | 26 | 1:00 PM – 1:14 PM |
| 09 | 8:45 AM – 8:59 AM | 27 | 1:15 PM – 1:29 PM |
| 10 | 9:00 AM – 9:14 AM | 28 | 1:30 PM – 1:44 PM |
| 11 | 9:15 AM – 9:29 AM | 29 | 1:45 PM – 1:59 PM |
| 12 | 9:30 AM – 9:44 AM | 30 | 2:00 PM – 2:14 PM |
| 13 | 9:45 AM – 9:59 AM | 31 | 2:15 PM – 2:29 PM |
| 14 | 10:00 AM – 10:14 AM | 32 | 2:30 PM – 2:44 PM |
| 15 | 10:15 AM – 10:29 AM | 33 | 2:45 PM – 2:59 PM |
| 16 | 10:30 AM – 10:44 AM | 34 | 3:00 PM – 5:59 PM |
| 17 | 10:45 AM – 10:59 AM | 35 | 6:00 PM – 11:59 PM |
| 18 | 11:00 AM – 11:14 AM | 98 | Refused |
| | | 99 | Don't know |

C10. How long do you usually sleep on non-school nights, not including hours spent awake in bed? **(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES. RECORD 98 FOR REFUSED AND 99 FOR DON'T KNOW.)**

Hours: _____
Minutes: _____

READ: Now I'd like to ask you some more general questions about your sleep habits.

C11. In the past two weeks, on how many days did you take a nap? **(RECORD NUMBER OF DAYS BELOW. DO NOT ACCEPT RANGES. RECORD 98 FOR REFUSED AND 99 FOR DON'T KNOW.)**

Days: _____

IF "01-14" IN C11, ASK C12. OTHERWISE SKIP TO C13.

C12. On average, how long would you say you usually nap? Would you say...? **(READ LIST.)**

- 01 Less than 30 minutes,
- 02 30 minutes to less than 1 hour,
- 03 1 to less than 2 hours,
- 04 2 to less than 3 hours, or
- 05 3 hours or more
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

ASK EVERYONE:

C13. How much sleep do you think you need each night to feel your best?
**(RECORD NUMBER OF HOURS AND MINUTES BELOW. DO NOT ACCEPT RANGES.
RECORD 99 FOR "DON'T KNOW" AND 98 FOR "REFUSED".)**

Hours: _____
Minutes: _____

C14. Would you say you are...? **(READ LIST.)**

- 01 Mostly a morning person,
- 02 Somewhat a morning person,
- 03 Neither a morning nor an evening person,
- 04 Somewhat an evening person, or
- 05 Mostly an evening person
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

C15. How often do your parents or the people who take care of you talk to you about getting enough sleep?
Would you say...? **(READ LIST.)**

- 05 Every day or almost every day,
- 04 A few days a week,
- 03 A few days a month,
- 02 Rarely, or
- 01 Never
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

C16. On how many nights can you say "I had a good night's sleep." Would you say...? **(READ LIST.)**

- 05 Every night or almost every night,
- 04 A few nights a week,
- 03 A few nights a month,
- 02 Rarely, or
- 01 Never
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

C17. In the last two weeks, how often have you...? (READ LIST. DO NOT RANDOMIZE.)

	Every night or almost every night	A few nights a week	About once a week	Rarely	Never	Refused	Don't know
a. Had difficulty falling asleep	05	04	03	02	01	98	99
b. Had difficulty staying asleep during the night	05	04	03	02	01	98	99
c. Woken up before you have to and tried to fall back to sleep but could not	05	04	03	02	01	98	99
d. Stayed up until at least 3:00am	05	04	03	02	01	98	99
e. Stayed up all night	05	04	03	02	01	98	99
f. Had nightmares or bad dreams	05	04	03	02	01	98	99
	Every day or almost every day	A few days a week	About once a week	Rarely	Never	Refused	Don't know
g. Needed more than one reminder to get up in the morning	05	04	03	02	01	98	99
h. Arrived late or missed school because you overslept	05	04	03	02	01	98	99
i. Fallen asleep in school	05	04	03	02	01	98	99
j. Felt too tired to do exercise or other physical activity	05	04	03	02	01	98	99
k. Had trouble concentrating or paying attention in school or while doing homework	05	04	03	02	01	98	99
l. Had trouble getting along with family	05	04	03	02	01	98	99
m. Had trouble getting along with friends	05	04	03	02	01	98	99
n. Had trouble getting along with teachers	05	04	03	02	01	98	99
o. Felt too tired or sleepy during the day	05	04	03	02	01	98	99
p. Fallen asleep while doing homework or studying	05	04	03	02	01	98	99
q. Felt cranky or irritable during the day	05	04	03	02	01	98	99

C18. Do you think you have a sleep problem?

- 01 Yes
- 02 No
- 03 Maybe
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

IF "01 OR 03" IN C18, ASK C19. OTHERWISE SKIP TO C20.

C19. Who have you told that you think you have a sleep problem? **(READ LIST. MULTIPLE RESPONSES ACCEPTED.)**

- 01 Your parent(s)
- 02 A doctor, or
- 95 Someone else **(SPECIFY)** _____

- 03 **DO NOT READ:** School nurse
- 04 **DO NOT READ:** Teacher
- 05 **DO NOT READ:** Coach
- 06 **DO NOT READ:** Friend

- 96 **DO NOT READ:** No one
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know

ASK EVERYONE:

C20. In the past two weeks, how often did you have unpleasant feelings in your legs like creepy, crawly or tingly feelings at night with an urge to move when you lie down to sleep? Would you say...? **(READ LIST.)**

- 01 Never,
- 02 Rarely,
- 03 About once a week,,
- 04 A few nights a week, or
- 05 Every night or almost every night
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

IF "02-05" IN C20, ASK C21. OTHERWISE SKIP TO C22A

C21. Does moving your legs or feet make them feel better?

- 01 Yes
- 02 No
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

ASK EVERYONE:

C22A. Think about a time when it is easy for you to fall asleep; with that in mind, what time would you go to bed? **(DO NOT READ LIST.)**

01	12:00 AM (Midnight)	20	8:00 PM – 8:14 PM
02	12:01 AM – 12:14 AM	21	8:15 PM – 8:29 PM
03	12:15 AM – 12:29 AM	22	8:30 PM – 8:44 PM
04	12:30 AM – 12:44 AM	23	8:45 PM – 8:59 PM
05	12:45 AM – 12:59 AM	24	9:00 PM – 9:14 PM
06	1:00 AM – 1:14 AM	25	9:15 PM – 9:29 PM
07	1:15 AM – 1:29 AM	26	9:30 PM – 9:44 PM
08	1:30 AM – 1:44 AM	27	9:45 PM – 9:59 PM
09	1:45 AM – 1:59 AM	28	10:00 PM – 10:14 PM
10	2:00 AM – 2:14 AM	29	10:15 PM – 10:29 PM
11	2:15 AM – 2:29 AM	30	10:30 PM – 10:44 PM
12	2:30 AM – 2:44 AM	31	10:45 PM – 10:59 PM
13	2:45 AM – 2:59 AM	32	11:00 PM – 11:14 PM
14	3:00 AM – 3:59 AM	33	11:15 PM – 11:29 PM
15	4:00 AM – 4:59 AM	34	11:30 PM – 11:44 PM
16	5:00 AM – 8:59 AM	35	11:45 PM – 11:59 PM
17	9:00 AM – 11:59 AM	96	It depends
18	12:00 PM (Noon) – 6:59 PM	97	There is never an easy time for me to fall asleep
19	7:00 PM – 7:59 PM	98	Refused
		99	Don't know

C22B. Think about a time when it is easy for you to wake up; with that in mind, what time would you get up? **(DO NOT READ LIST.)**

01	12:00 AM (Midnight)	19	11:15 AM – 11:29 AM
02	12:01 AM – 4:59 AM	20	11:30 AM – 11:44 AM
03	5:00 AM – 5:59 AM	21	11:45 AM – 11:59 AM
04	6:00 AM – 6:59 AM	22	12:00 PM (Noon) – 12:14 PM
05	7:00 AM – 7:59 AM	23	12:15 PM – 12:29 PM
06	8:00 AM – 8:14 AM	24	12:30 PM – 12:44 PM
07	8:15 AM – 8:29 AM	25	12:45 PM – 12:59 PM
08	8:30 AM – 8:44 AM	26	1:00 PM – 1:14 PM
09	8:45 AM – 8:59 AM	27	1:15 PM – 1:29 PM
10	9:00 AM – 9:14 AM	28	1:30 PM – 1:44 PM
11	9:15 AM – 9:29 AM	29	1:45 PM – 1:59 PM
12	9:30 AM – 9:44 AM	30	2:00 PM – 2:14 PM
13	9:45 AM – 9:59 AM	31	2:15 PM – 2:29 PM
14	10:00 AM – 10:14 AM	32	2:30 PM – 2:44 PM
15	10:15 AM – 10:29 AM	33	2:45 PM – 2:59 PM
16	10:30 AM – 10:44 AM	34	3:00 PM – 5:59 PM
17	10:45 AM – 10:59 AM	35	6:00 PM – 11:59 PM
18	11:00 AM – 11:14 AM	96	It depends
		97	There is never an easy time for me to wake up
		98	Refused
		99	Don't know

C23. In the last two weeks, how often were you bothered or troubled by [INSERT]? Would you say...? (READ LIST. RANDOMIZE.)

	Not at all	Somewhat	Much	Refused	Don't know
a. Feeling unhappy, sad or depressed	01	02	03	98	99
b. Feeling hopeless about the future	01	02	03	98	99
c. Feeling nervous or tense	01	02	03	98	99
d. Worrying too much about things	01	02	03	98	99
e. Being stressed out or anxious	01	02	03	98	99

C24. Has a doctor ever asked you about your sleep?

- 01 Yes
- 02 No
- 98 **DO NOT READ:** Refused
- 99 **DO NOT READ:** Don't know/Not sure

C25. How many cups or cans of caffeinated beverages, such as soda, energy drinks, coffee, tea, iced coffee, or iced tea do you typically drink each day? (RECORD NUMBER BELOW. DO NOT ACCEPT RANGES. RECORD 99 FOR "DON'T KNOW," 98 FOR "REFUSED," 00 FOR "NONE" AND 97 FOR "LESS THAN ONE.")

Caffeinated beverages: _____

C26. Think about your usual schedule and how you spend your time each school day. How much time do you spend each day [INSERT]? Your best estimate is fine. (RANDOMIZE. RECORD IN HOURS AND MINUTES. USE 00 IF DO NOT DO ACTIVITY AT ALL, 98 FOR REFUSED, 99 FOR DON'T KNOW.)

ACTIVITY	Number of hours
a. Studying and doing homework	
b. Watching TV	
c. Playing electronic or video games	
d. Surfing the Internet	
e. Talking on the phone or Instant Messaging	
f. Reading for fun	
g. Engaging in sports or exercising	

C26A. How many hours do you spend each week working at a paying job? Your best estimate is fine. (USE 00 IF DO NOT WORK, 97 IF LESS THAN ONE HOUR, 98 FOR REFUSED, 99 FOR DON'T KNOW.)

Hours: _____

C27. How often do you drive a car or motor vehicle? Would you say...? **(READ LIST.)**

05 Every day,
04 Several times a week,
03 Once a week, → **CONTINUE**
02 A few times a month, or

01 Never → **SKIP TO C31**

96 **DO NOT READ:** Don't drive/Don't have a license → **SKIP TO C31**
98 **DO NOT READ:** Refused → **CONTINUE**
99 **DO NOT READ:** Don't know/Not sure → **CONTINUE**

IF "02-05, 98, 99" IN C27, ASK C28. OTHERWISE SKIP TO C31.

C28. In the past year, how often have you driven a car or motor vehicle while feeling drowsy? Would you say...? **(READ LIST.)**

05 3 or more times a week,
04 1 to 2 times a week,
03 1 to 2 times a month,
02 Less than once a month, or
01 Never
98 **DO NOT READ:** Refused
99 **DO NOT READ:** Don't know

IF "02-05, 98, 99" IN C28, ASK C29. OTHERWISE SKIP TO C31.

C29. In the past year, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? **(DO NOT READ LIST.)**

01 Yes → **CONTINUE**
02 No
96 Don't drive/Don't have a license
98 Refused → **SKIP TO C31**
99 Don't know

IF "01" IN C29, ASK C30. OTHERWISE SKIP TO C31.

C30. In the past year, how often have you had an accident or a near accident because you dozed off or were too tired while driving? Would you say...? **(READ LIST.)**

05 3 or more times a week,
04 1 to 2 times a week,
03 1 to 2 times a month,
02 Less than once a month, or
01 Never
98 **DO NOT READ:** Refused
99 **DO NOT READ:** Don't know

ASK EVERYONE:

C31. Has information about sleep or fatigue been taught to you...? **(READ LIST. RANDOMIZE. CLARIFY ALL NO REPSONSES: Was this information not taught to you, or have you not taken driver's education or training?)**

ACTIVITY		No, Was not taught this information	No, Have not taken driver's education/training	Refused	Don't know
	Yes				
a. Driver's education or training	01	02	96	98	99
b. Health class or other classes in school	01	02	n/a	98	99

READ TO EVERYONE

Those are all the questions I have. On behalf of the National Sleep Foundation, we would like to thank you very much for your cooperation. For quality control purposes, you may receive a follow-up phone call from my supervisor to verify that I have completed this interview.

IF RESPONDENT ASKS FOR MORE INFORMATION ON THE NATIONAL SLEEP FOUNDATION, SAY:

For more information on the National Sleep Foundation, you can visit their Web site at www.sleepfoundation.org.

RECORD NAME AND CONFIRM PHONE NUMBER FOR SUPERVISOR VERIFICATION