THE RAINE 23 YEAR FOLLOW UP Name……………………………

Sleep and Respiratory Study ID Number ☐☐☐☐☐

QUESTIONNAIRE ON SLEEP and SLEEP RELATED FUNCTION

This questionnaire is all about your sleep and functioning related to sleep. Please answer all questions. Thank You!

Please choose the best answer that describes your daytime sleepiness in the following situations:

	Would never doze or sleep	Slight chance of dozing or sleeping	Moderate chance of dozing or sleeping	High chance of dozing or sleeping
1. Sitting and reading	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting inactive in a public place	0	1	2	3
4. In a car for an hour without a break	0	1	2	3
5. Lying down in the afternoon	0	1	2	3
6. Sitting and talking to someone	0	1	2	3
7. Sitting quietly after lunch (no alcohol)	0	1	2	3
8. Stopped for a few minutes in traffic while driving	0	1	2	3

The questions relate to your sleep pattern and sleep disturbance

1. Do you snore? *(please tick one)*

☐YES ☐NO ☐Don't know,

2. If you snore, your snoring is:

☐a. Slightly louder than breathing
☐b. As loud as talking
☐c. Louder than talking
☐d. Very loud; can be heard in adjacent rooms
☐e. Don't know/refused

3.How often do you snore?

☐a. Nearly every day
☐b. 3 to 4 nights per week
☐c. 1 to 2 nights per week
☐d. 1 to 2 nights per month
☐e. Never or nearly never/don't know

4. Has your snoring ever bothered other people?

☐a. Yes
☐b. No/don't know

5. **Has anyone noticed that you quit breathing during your sleep**?

☐a. Nearly every day
☐b. 3 to 4 times a week
☐c. 1 to 2 times a week
☐d. 1 to 2 times a month
☐e. Never or nearly never/don't know.

6.How often do you feel tired or fatigued after your sleep?

☐a. Nearly every day
☐b. 3 to 4 times a week
☐c. 1 to 2 times a week
☐d. 1 to 2 times a month
☐e. Never or nearly never/don't know

7.During your wake time, do you feel tired, fatigued, or not up to par?

☐a. Nearly every day
☐b. 3 to 4 times a week
☐c. 1 to 2 times a week
☐d. 1 to 2 times a month
☐e. Never or nearly never/don't know

8.Have you ever nodded off or fallen asleep while driving a vehicle?

☐a. Yes
☐b. No/don't know

9. If yes, how often does it occur?

☐a. Nearly every day
☐b. 3 to 4 times a week
☐c. 1 to 2 times a week
☐d. 1 to 2 times a month
☐e. Never or nearly never/don't know

Some people have difficulty performing everyday activities where 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 your 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 have after you have exercised.

Please fill out this form completely and select only one answer for each question.

	I don't do this activity for other reasons	No difficulty	Yes, a little difficulty	Yes, moderate difficulty	Yes, extreme difficulty
1. Do you have difficulty concentrating on things you do because you are sleepy or tired?	0	1	2	3	4
2. Do you generally have difficulty remembering things because you are sleepy or tired?	0	1	2	3	4
3. Do you have difficulty operating a motor vehicle for **short** distances (less than 160 km) because you become sleepy or tired?	0	1	2	3	4
4. Do you have difficulty operating a motor vehicle for **long** distances (more than 160 km) because you become sleepy or tired?	0	1	2	3	4
5. Do you have difficulty visiting with your family or friends in their homes because you become sleepy or tired?	0	1	2	3	4
6. Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired?	0	1	2	3	4
7. Do you have difficulty watching a movie or DVD because you become sleepy or tired?	0	1	2	3	4
8. Do you have difficulty being as active as you want to be in the **evening** because you are sleepy or tired?	0	1	2	3	4
9. Do you have difficulty being as active as you want to be in the **morning** because you are sleepy or tired?	0	1	2	3	4
10. Has your desire for intimacy or sex been affected because you are sleepy or tired?	0	1	2	3	4

These questions are about whether you are a 'morning' person, or an 'evening' person. *(please circle one)*

1. Considering only your own 'feeling best' rhythm, at what time would **you get up** if you were entirely free to plan your day?

5am	6am	7am	8am	9am	10am	11am	12 pm

2. Considering only your own 'feeling best' rhythm, at what time would **you go to bed** if you were entirely free to plan your evening?

8pm	9pm	10pm	11pm	12am	1am	2am	3 am

Please tick the box for the following quetsions

3. If there is a specific time at which you have to get up in the morning, to what extent are you dependent on being woken by an alarm clock?

☐ a. Not at all dependent
☐ b. Slightly dependent
☐ c. Fairly dependent
☐ d. Very dependant

4. Assuming adequate environmental conditions, how easy do you find getting up in the morning?

☐ a. Not at all easy
☐ b. Not very easy
☐ c. Fairly easy
☐ d. Very easy

5. How alert do you feel during the first half hour after having woken in the mornings?

☐ a. Not at all alert
☐ b. Slightly alert
☐ c. Fairly alert
☐ d. Very alert

6. How is your appetite during the first half-hour after having woken in the morning?

☐ a. Very poor
☐ b. Fairly poor
☐ c. Fairly good
☐ d. Very good

7. During the first half hour after having woken in the morning, how tired do you feel?

☐ a. Very tired
☐ b. Fairly tired
☐ c. Fairly refreshed
☐ d. Very refreshed

8. When you have no commitments the next day, at what time do you go to be bed compared to your usual bedtime?
☐ a. Seldom or never later
☐ b. Less than one hour later
☐ c. 1 to 2 hours later
☐ d. More than two hours later

9. You have decided to engage is some physical exercise. A friend suggests that you do this one hour twice a week and the best time is between 7.00 am and 8.00 am. Bearing in mind nothing else but you own 'feeling best' rhythm, how do you think you would perform?
☐ a. Would be on good form
☐ b. Would be on reasonable form
☐ c. Would find it difficult
☐ d. Would find it very difficult

10. At what time in the evening do you feel tired and as a result in need of sleep

8pm	9pm	10pm	11pm	12am	1am	2am	3 am

11. You wish to be at your peak performance for a test which you know is going to be mentally exhausting and lasting for 2 hours. You are entirely free to plan your day and considering only your own "feeling best" rhythm which one of the four testing times would you choose?
☐ a. 8:00 am to 10:00 am
☐ b. 11:00 am to 1:00 pm
☐ c. 3:00 pm to 5:00 pm
☐ d. 7:00 pm to 9:00 pm

12. If you went to bed at 11:00pm at what level of tiredness would you be?
☐ a. Not at all tired
☐ b. A little tired
☐ c. Fairly tired
☐ d. Very tired

13. For some reason you have gone to bed several hours later than usual, but there is no need to get up at any particular time the next morning. Which one of the following events are you most likely to experience?
☐ a. Will wake up at usual time and will NOT fall asleep again
☐ b. Will wake up at usual time and will doze thereafter
☐ c. Will wake up at usual time but will fall asleep again
☐ d. Will NOT wake up until later than usual

14. One night you have to remain awake between 4:00am and 6:00 am in order to carry out a night watch. You have no commitments the next day. Which ONE of the following alternatives will suit you best?

☐ a. Would not go to bed until watch was over
☐ b. Would take a nap before and sleep after
☐ c. Would take a good sleep before and a nap after
☐ d. Would take all sleep before watch

15. You have to do two hours of hard physical work. You are entirely free to plan your day and considering your own "feeling best" rhythm which one of the following times would you choose?

☐ a. 8:00 am to 10:00 am
☐ b. 11:00 am to 1:00 pm
☐ c. 3:00 pm to 5:00 pm
☐ d. 7:00 pm to 9:00 pm

16. You have decided to engage in hard physical exercise. A friend suggests that you do this one hour twice a week and the best time is between 10:00 pm and 11.00 pm. Bearing in mind nothing else but you own 'feeling best' rhythm, how do you think you would perform?

☐ a. Would be on good form
☐ b. Would be on reasonable form
☐ c. Would find it difficult
☐ d. Would find it very difficult

17. Suppose you could choose your own work hours. Assume that you worked a five hour day (including breaks) and that your job was interesting and paid by results. Which FIVE CONSECUTIVE hours would you choose?

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
midnight												noon												midnight

18. At what time of the day do you think that you reach your "feeling best" peak?

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
midnight												noon												midnight

19. One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?

☐ a. Definitely a "morning" type
☐ b. Rather more a "morning" than an "evening" type
☐ c. Rather more an "evening" than a "morning" type
☐ d. Definitely an "evening" type

The following statements are about minor mistakes and absent-mindedness everyone notices from time to time, but we have very little information about just how common they are.
(Please tick one)

	Never	Rarely	Some times	Quite Often	Very Often
1. I have gone to the fridge to get one thing (e.g., milk) and taken something else (e.g., juice)	☐0	☐1	☐2	☐3	☐4
2. I go into a room to do one thing (e.g., brush my teeth) and end up doing something else (e.g., brush my hair)	☐0	☐1	☐2	☐3	☐4
3. I have lost track of a conversation because I zoned out when someone else was talking	☐0	☐1	☐2	☐3	☐4
4. I have absent-mindedly placed things in unintended locations (e.g., putting milk in the pantry or sugar in the fridge)	☐0	☐1	☐2	☐3	☐4
5. I have gone into a room to get something, got distracted, and wondered what I went there for	☐0	☐1	☐2	☐3	☐4
6. I begin one task and get distracted into doing something else	☐0	☐1	☐2	☐3	☐4
7. When reading I find that I have read several paragraphs without being able to recall what I read	☐0	☐1	☐2	☐3	☐4
8. I make mistakes because I am doing one thing and thinking about another	☐0	☐1	☐2	☐3	☐4
9. I have absent-mindedly mixed up targets of my action (e.g., pouring or putting something into the wrong container)	☐0	☐1	☐2	☐3	☐4
10. I have to go back to check whether I have done something or not (e.g., turning out lights, locking doors)	☐0	☐1	☐2	☐3	☐4
11. I have absent-mindedly misplaced frequently used objects, such as keys, pens, glasses, etc.	☐0	☐1	☐2	☐3	☐4
12. I fail to see what I am looking for even though I am looking right at it	☐0	☐1	☐2	☐3	☐4

	Never	Rarely	Some times	Quite Often	Very Often
1. Do you decide to do something in a few minute's time and then forget to do it?	☐0	☐1	☐2	☐3	☐4
2. Do you fail to recognise a place you have visited before?	☐0	☐1	☐2	☐3	☐4
3. Do you fail to do something you were supposed to do a few minutes later even though its in front of you, like take a pill or turn off the kettle?	☐0	☐1	☐2	☐3	☐4
4. Do you forget something that you were told a few minutes before?	☐0	☐1	☐2	☐3	☐4
5. Do you forget appointments if you are not prompted by someone else or by a reminder such as a calendar or a diary?	☐0	☐1	☐2	☐3	☐4
6. Do you fail to recognise a character in a radio or television show from scene to scene?	☐0	☐1	☐2	☐3	☐4
7. Do you forget to buy something you planned to buy, like a birthday card, even when you see the shop?	☐0	☐1	☐2	☐3	☐4
8. Do you fail to recall things that happened in the last few days?	☐0	☐1	☐2	☐3	☐4
9. Do you repeat the same story to the same person on different occasions?	☐0	☐1	☐2	☐3	☐4
10. Do you intend to take something with you, before leaving a room or going out, but minutes later leave it behind you, even though it's there in front of you?	☐0	☐1	☐2	☐3	☐4
11. Do you mislay something that you have just put down, like a magazine or glasses?	☐0	☐1	☐2	☐3	☐4
12. Do you fail to mention or give something to a visitor that you were asked to pass on?	☐0	☐1	☐2	☐3	☐4
13. Do you look at something without realising you have seen it moments before?	☐0	☐1	☐2	☐3	☐4
14. If you tried to contact a friend or relative who was out, would you forget to try again later?	☐0	☐1	☐2	☐3	☐4
15. Do you forget what you watched on television the previous day?	☐0	☐1	☐2	☐3	☐4
16. Do you forget to tell someone something you had meant to mention a few minutes ago.	☐0	☐1	☐2	☐3	☐4

The following questions are about your general mood and wellbeing, which are all affected by sleep. (Please circle the corresponding number)

Over the *last 2 weeks*, how often have you been bothered by the following problems?	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Over the last 2 weeks, how often have you been bothered by any of the following problems				
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

The follow questions are about sleep complaints. During the past month, how many nights, or days per week, have you had, or been told you have, the following symptoms? If you had these symptoms, please indicate how long it lasted - in weeks, months or years. *(Please tick one)*

During the past month	Never	Don't Know	Rarely, less than once per week	Sometimes, 1-2 times per week	Frequently 3-4 times per week	Always, 5-7 times per week	How long has this lasted (number of weeks, months or years)
1. Difficulty falling asleep							☐ weeks ☐ months ☐ years …………………
2. Difficulty staying asleep							☐ weeks ☐ months ☐ years …………………
3. Frequent wakenings from sleep							☐ weeks ☐ months ☐ years …………………
4. Feeling that your sleep is not sound							☐ weeks ☐ months ☐ years …………………
5. Feeling that your sleep is unrefresing							☐ weeks ☐ months ☐ years …………………

If you checked Never, or Don't Know for all these questions, you may STOP. If you answered Rarely to always for any of the above, please answer the following questions *(please tick one)*

During the past month	**Not all**	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
6. How much do your sleep problems bother you?	0	1	2	3	4
7. Have your sleep difficulties affected your work?	0	1	2	3	4
8. Have your sleep difficulties affected your social life?	0	1	2	3	4
9. Have your sleep difficulties affected other important parts of your life?	0	1	2	3	4
10. Have your sleep difficulties made you feel irritable?	0	1	2	3	4
11. Have your sleep problems caused you to have trouble concentrating?	0	1	2	3	4
12. Have your sleep difficulties made you feel fatigued?	0	1	2	3	4
13. How sleepy do you feel during the day?	0	1	2	3	4