
Please check your answer to the following questions...

1. **During the past 30 days**, how many hours of **sleep** have you typically had each night?

- Less than 5 hours.
- At least 5, but less than 7 hours.
- At least 7, but less than 10 hours.
- 10 or more hours.

2. During the past 30 days, how often have you had trouble sleeping because you could not get to sleep within 30 minutes?

- Not during the past month.
- Less than once a week.
- Once or twice a week.
- Three or more times a week.

3. During the past 30 days, how often have you had trouble sleeping because you woke up in the middle of the night or early morning?

- Not during the past month.
- Less than once a week.
- Once or twice a week.
- Three or more times a week.

4. During the past 30 days, how often have you taken medicine (prescribed or “over the counter”) in order to sleep?

- Not during the past month.
- Less than once a week.
- Once or twice a week.
- Three or more times a week.

5. During the past 30 days, how often have you used alcohol in order to sleep?

- Not during the past month.
- Less than once a week.
- Once or twice a week.
- Three or more times a week.

6. During the past 30 days, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

- Not during the past month.
- Less than once a week.
- Once or twice a week.
- Three or more times a week.

7. **In the past 12 months**, has anyone told you that you stop breathing during sleep (check each that applies)?

- No.
- Yes.
- I have been told by a doctor or other health care provider that I have sleep apnea.
- I have been treated for sleep apnea.
- I don't know because I sleep alone.

8. **During the past 30 days**, how often have you had trouble sleeping because you had a restless feeling in your legs that went away if you moved your legs?

- Not during the past month.
- Less than once a week.
- Once or twice a week.
- Three or more times a week.

9. During the past 30 days, how would you rate your sleep quality overall?

- Excellent.
- Very Good.
- Good.
- Fair.
- Poor.

10. During the past 30 days, have you often been bothered by feeling down, depressed, or hopeless?

- No.
- Yes, some.
- Yes, most days or all the time.

11. During the past 30 days, have you often been bothered by little interest or pleasure in doing things?

- No.
- Yes, some.
- Yes, most days or all the time.

12. Are you currently being treated for depression?

- No.
- Yes.
- I don't know.

13. **In the past 12 months**, have you talked with a doctor or other health care provider in this office about sleep problems?

- I don't have sleep problems.
- I have sleep problems but we haven't discussed them.
- We've discussed my sleep problems today or in the past year.

Please Proceed to Question #14 →

14. In the past 12 months, have you talked with a doctor or other health care provider in this office about alcohol problems?

- I don't have alcohol problems.
- I have alcohol problems but we haven't discussed them.
- We've discussed my alcohol problems today or in the past year.

15. Are you: Male -or- Female

16. What is your year of birth? 19_____

17. What is the highest level of education you completed?

- Less than high school.
- High school or GED.
- Some college.
- College graduate or more.

18. What do you consider your race/ethnicity to be (check each that applies)?

- White / Caucasian
- Black / African-American
- Hispanic, Latino
- Native American, Alaska Native
- Asian or Pacific Islander
- Multiracial
- Other
- Prefer not to state

19. In the past 12 months, how often have you had a drink containing alcohol?

- Never.
- Monthly or less.
- 2 to 4 times a month.
- 2 to 3 times a week.
- 4 or more times a week.

20. In the past 12 months, how many drinks containing alcohol have you had on a typical day when you are drinking?

- I don't drink.
- 1 or 2.
- 3 or 4.
- 5 or 6.
- 7 to 9.
- 10 or more.

21. In the past 12 months, how often have you had six or more drinks on one occasion?

- Never.
- Less than monthly.
- Monthly.
- Weekly.
- Daily or almost daily.

22. In the past 12 months, how often have you had a lot more to drink than you intended to have?

- Never.
- Less than monthly.
- Monthly.
- Weekly.
- Daily or almost daily.

23. In the past 12 months, how often have you been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?

- Never.
- Less than monthly.
- Monthly.
- Weekly.
- Daily or almost daily.

ID#

**American Academy of Family Physicians
National Research Network**
— in collaboration with —
**Program of Research Integrating
Substance Use Information into
Mainstream Healthcare (PRISM)**

This survey examines lifestyles that can affect your sleep.

- Completion of this survey is voluntary.
- Please answer these questions after you see the doctor or other health care provider today.
- The questions will take about 5 minutes to answer.
- Your name isn't on this form and your answers will be **anonymous**.
- If this survey raises concerns about your health, please talk with your doctor.
- When you finish answering the questions, seal this questionnaire in the envelope and return the questionnaire to the practice nurse or receptionist.
Thank you.

Thank you for your participation.

Please Proceed to Final Questions →