

## Chapter 25-C

### Participant Follow-Up (Phase III)

#### Administration of the Health Habits Questionnaire:

Phase III annual follow-up will commence upon Institution Review Board Approval from each Field Center sometime in the fall of 2011. Phase III will include the addition of a Health Habits Questionnaire (Panel 19-II) that specifically asks information about historical physical activity and sleep habits. All participants due for annual follow-up (both short and expanded) will be asked to complete this questionnaire via telephone interview or via self-administered by mail as additional part of the annual follow-up. This questionnaire is to be completed only once for each participant that is followed up in the 1 year period from the start of this data collection.

#### Detailed Q-by-Q:

##### Questions 1-4 Historical Physical Activity:

These pertain to assessing historical physical activity levels during teenage years, around age 25, age 50 and over the past month. Please read the 5 response options and ask the participant to choose the option that is most suitable. Encourage them to make their best guess, but if they are unable to provide an answer mark “Don’t Know”. For those that have not reached age 50, the appropriate answer for Question 3 is “Not Applicable”. Note that the terms exercise and physical activity can be used interchangeably for these questions. Examples of light activities for response Option 2 or 3 include dusting, doing dishes, leisurely walk, watering plants. Options 4 and 5 are for moderate intensity activities such as a brisk walk, bowling, golf, vacuuming, washing car. Response answer #6 should be marked when participants state that they are performing high intensity activities such as jogging, running, hiking, biking, swimming laps, racquet sports, aerobic machines or dancing, Zumba, shoveling snow, gardening (planting, weeding). If a participant answers that they do not sweat, then ask them to rate their intensity level for their activities as low, moderate or high intensity.

##### Reference for Historical Physical Activity Questionnaire:

Von Bonsdorff MB, Rantanen T, Leinonen R, Kujala UM, Tormakangas T, Manty Mi, Heikkinen E. Physical activity history and end-of-life hospital and long term care. *J of Gerontol A Biol Sci Med Sci* 2009; 64A:778-784.

##### Questions 5 – 23J Sleep Habit Questionnaire:

Please see next page for detailed Q-by-Q from the Sleep Heart Health Study Manual of Procedures.

Note that the SHHS does not specify a time period, just states “usually”. So, in order to maintain the integrity of the established questionnaire, the wording will be maintained and we will not define a time period.

Reference for Sleep Heart Health Sleep Habits Questionnaire: <http://www.jhucct.com/shhs/>

## Sleep Habits Questionnaire from Sleep Heart Health Study

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### Question by Question Specifications

#### Section A. Sleep

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

2. How much sleep do you usually get at night (or in your main sleep period) on weekends or your non-workdays?

Clarification for questions 1 and 2:

- If an individual has a job, they should report the usual amount of sleep they get on their work days for question 1 and for their non-work days for question 2.
- If an individual does not work, then the individual should report the usual time for weekdays (Monday through Friday) for question 1 and the usual time for weekends (Saturday and Sunday) for question 2.

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

- If a range is given, take the midpoint. If midpoint is a fraction of a minute, the midpoint should be rounded up to nearest minute.

Example: 10-20 minutes should be written as 15 minutes.  
10-15 minutes should be written as 13 minutes.

- If two times are given, a usual time and a special circumstances time, code the usual time.

Example: “Usually it takes 10 minutes but if my spouse is snoring it takes 30 minutes.” Code as 10 minutes.

4. During a usual week, how many times do you nap for 5 minutes or more?
- If a range is given, take the midpoint. If midpoint is a fraction, round to nearest integer value.  
Example: 6 or 7 naps should be coded as 7 (6.5 rounded up to 7).  
10 to 12 naps should be coded as 11 naps.
  - If respondent describes napping pattern in words, convert to an integer value, if possible.  
Example: "I usually fall asleep in front of the TV after dinner."  
Code as 7 naps per week.
  - If response is "None", SKIP to item 8.
  - If response, is "1 or more times", complete item 4a.
- 4a. Number of times during a usual week that you nap for 5 minutes or more:
- Enter number of naps.
5. Do you try to "make time" in your schedule for a regular nap or "siesta" in the afternoon? (check one)
- Check only one response.
  - If response is "Never or rarely", SKIP to item 8.
6. When you do nap in the afternoon, how long do you sleep?
- Enter hours and minutes.
  - There is a space for comments.
7. What are your reasons for regular napping in the afternoon?
- All that apply are checked and others left blank.
8. Please indicate how often you experience each of the following. (check one box for each in items a through j)
- If someone writes in a comment such as "Not Applicable", code for the response "Never".
  - If two boxes have been marked and it is not clear which is the intended single response, code the value marked that is closest to the response "Rarely".

**Section B: Snoring and Breathing**

*Questions 9 through 15 are about snoring and breathing during sleep. To answer these questions, participants should consider both what others have told them and what they know about themselves.*

9. Have you ever snored (now or at any time in the past)?

Clarification:

- “Ever” refers to 1 or more times at any time in the past, regardless of whether it was recent.
- If answer is “Yes”, then participant should have answers coded for questions 10 - 13.
- If answer is “No” or “Don’t Know”, then participant should have skipped out of questions 10 - 13, however:
- If “Don’t Know” responses are given for any of questions 10 - 12, or a response of “No” is given for question 13, enter data as given on the form.
- If a valid response is given for any of questions 10 through 13, then the “No,” “Don’t Know,” or missing response on question 9 is to be changed to a “Yes” on the questionnaire and entered into the database as “Yes.” Valid responses are defined as -- Q10: values 0 to 4; Q11: values 1 to 4; Q12: 1 to 3, and Q13: only the value of 1.
- If answer is missing, and a valid response is given for any of questions 10 through 13, then the missing response on question 9 is to be changed to a “Yes” on the questionnaire and entered into the database as “Yes.”

10. How often do you snore? (check one)

Clarification:

- “How often” refers to the number of nights per week that any snoring is thought to occur. (Not how many times per night or how much of the night).
- If “Do not snore any more” is checked, SKIP to item 13.
- If two boxes have been marked and it is not clear which is the intended single response, code the value marked that is closest to “Rarely”.

11. How loud is your snoring? (check one)

- If two boxes have been marked and it is not clear which is the intended single response, code the value marked that is closest to “Only slightly louder than normal breathing”.

12. Has your snoring been: (check one)  
Clarification:
- In comparison to a few years ago, do you think you now snore more, less or about the same?
  - If two boxes have been marked, treat as missing data.
13. Have you ever had somnoplasty, laser treatment, or surgery as treatment for your snoring?  
Clarification:
- Has a physician ever used a laser to tighten your throat tissue (“LAUP”), or have you ever had tissue in your throat or airway removed by cutting, specifically to reduce your snoring?
14. Are there times when you stop breathing during your sleep?  
Clarification:
- Are there times when it seems like you are holding your breath or have a pause in your breathing, or have an “apnea” for about 10 seconds or so?
  - If “No” or “Don’t know” is checked, SKIP to item 16.
15. How often do you have times when you stop breathing during your sleep?  
Clarification:
- How often do you have times when it seems like you are holding your breath or have a pause in your breathing, or have an “apnea” for about 10 seconds or so?
  - If two boxes have been marked and it is not clear which is the intended single response, code the value marked that is closest to “Rarely”.
16. During the past year, how often have one or more members of your household been in or near the room where you have slept?  
Clarification:
- Close enough to hear whether or not participant snores
17. Have you ever been told by a doctor that have a sleep disorder (other than sleep apnea)?
- Check “Yes” or “No”
  - If response is “No”, SKIP to item 19.
18. What other sleep disorder? (check all that apply)
- Check all that apply.
  - If response is “Other”, enter other sleep disorder in space provided.

**Section C: Sleepiness**

19. What is the chance that you would doze off or fall asleep (not just “feel tired”) in each of the following situations? (*Check one box for each situation. If you are never or rarely in the situation, please give your best guess for what would happen.*)

## Clarification:

- If the participant never does the activity in the question, prompt “Try to imagine (activity) .... what do you think the chance of dozing or falling asleep would be on a usual day if you did (activity)?”
- If someone writes in a comment such as “Not Applicable” treat as missing data.
- If two boxes have been marked and it is not clear which is the intended single response, code the value marked that is closest “No Chance”.