Ontario Sleep Health Study Questionnaire

Please complete the survey below at any time during your 10-day participation in the Ontario Sleep Health Study. If possible, complete the survey all in one sitting.

Thank you very much for your participation!

Participant Information

First Name _____

Last Name _____

OHIP number _____

Date of Birth Using the calendar dropdown menu, please select birth year first, then birth month, and then day. (If the dropdown dates are not working, please type in the date in the MM/DD/YYYY format) _____

Sex

- ☐ Female
- ☐ Male

Which of the following studies have you participated in or are you currently participating in? (check all that apply)

- ☐ Ontario Health Study (OHS)
- ☐ Canadian Alliance for Health Hearts and Minds (CAHHMS)

Have you already visited the Toronto Assessment Centre or another local Ontario Health Study centre where you had your blood pressure, heart rate, and other measurements taken?

- ☐ No
- ☐ Yes

Sleep Questionnaire - Part 2

For the following questions please answer the questions considering your activity for the LAST MONTH.

What time of the night have you usually gone to bed and turned off the lights with the intention to sleep? (Please enter in a 24-hour HH:MM format. For example, if you usually go to sleep at 10:30 pm, you would enter 22:30) _____

How long (in minutes) has it usually taken you to fall asleep each night? _____

When have you usually gotten out of bed in the morning? (Please enter in a 24-hour HH:MM format. For example, if you usually get out of bed at 9 am, you would enter 9:00) _____

How many hours of actual sleep did you get per night? (This may be different than the number of hours you spend in bed) _____

How often have you had trouble sleeping because you...

For the following questions please answer the questions considering your activity for the LAST MONTH.

	Not at all	< 1 time a week	1-2 times a week	3-4 times a week	Every day
Cannot get to sleep within 30 minutes	☐	☐	☐	☐	☐
Wake up in the middle of the night or early morning	☐	☐	☐	☐	☐
Have to get up to use the bathroom	☐	☐	☐	☐	☐
Cannot breathe comfortably	☐	☐	☐	☐	☐
Feel too cold	☐	☐	☐	☐	☐
Feel too hot	☐	☐	☐	☐	☐
Had bad dreams	☐	☐	☐	☐	☐
Have pain	☐	☐	☐	☐	☐

Other reason(s)

☐ Yes
☐ No

Please specify the number of other reasons: _____

Please specify other reason 1: _____

Other reason 1

☐ Not at all
☐ < 1 time a week
☐ 1-2 times a week
☐ 3-4 times a week
☐ Every day

Please specify other reason 2: _____

Other reason 2

☐ Not at all
☐ < 1 time a week
☐ 1-2 times a week
☐ 3-4 times a week
☐ Every day

Please specify other reason 3: _____

Other reason 3

☐ Not at all
☐ < 1 time a week
☐ 1-2 times a week
☐ 3-4 times a week
☐ Every day

Please specify other reason 4: _____

Other reason 4

☐ Not at all
☐ < 1 time a week
☐ 1-2 times a week
☐ 3-4 times a week
☐ Every day

Please specify other reason 5: _____

Other reason 5

☐ Not at all
☐ < 1 time a week
☐ 1-2 times a week
☐ 3-4 times a week
☐ Every day

How often have your legs repeatedly jerked or twitched during sleep (not just while falling asleep)?
- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

How often have you had leg cramps at night (e.g. also called a "Charlie horse" with intense pain in certain muscles in the leg)?
- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

How often have you had a restless, nervous, tingly, or creepy-crawly feeling in your legs that disrupts your ability to fall or stay asleep?
- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

Do these leg sensations decrease when you walk around?
- ☐ No
- ☐ Yes

When do these sensations seem to be the worst?
- ☐ Before 6:00 pm
- ☐ After 6:00 pm

Have you ever been diagnosed with sleep apnea or sleep disordered breathing?
- ☐ No
- ☐ Yes

If so, what if any treatment are you currently using for this?
- ☐ continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP)
- ☐ dental appliance specifically for sleep apnea (not simply a bite guard for tooth grinding)
- ☐ nasal appliance (e.g. ProVent nasal valves)
- ☐ none

Do you snore?
- ☐ No
- ☐ Yes

Has your snoring ever bothered other people?
- ☐ No
- ☐ Yes
- ☐ Don't Know

How would you classify your snoring?
- ☐ Slightly louder than breathing
- ☐ As loud as talking
- ☐ Louder than talking
- ☐ Very loud - can be heard in adjacent rooms

How often have you been snoring?
- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

How often have you snorted or choked yourself awake?
- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

How often have others noticed that you quit breathing or have long pauses between breaths during sleep?
- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

How would you rate your sleep quality overall?
- ☐ Very good
- ☐ Fairly good
- ☐ Fairly bad
- ☐ Very bad

How often have you taken medicine (prescribed or "over the counter") to help you sleep?

- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

How often have you felt tired or fatigued in the middle of the day?

- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

Immediately upon waking in the morning, how often have you felt tired, fatigued, or not up to par?

- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

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

- ☐ No
- ☐ Yes

Over the past month how often has this occurred?

- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

How often have you had trouble staying awake while eating meals or engaging in social activity?

- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

How much of a problem has it been for you to keep up enough enthusiasm to get things done?

- ☐ No problem at all
- ☐ Only a very slight problem
- ☐ Somewhat of a big problem
- ☐ A very big problem

For the following questions, please mark "Yes" if the described event has occurred AT LEAST 3 TIMES during your life.

Have you ever been told that you appear to "act out your dreams" while sleeping? (punched or flailed arms in the air, shouted, or screamed)

- ☐ No
- ☐ Yes

How many months or years has this been going on? (Please specify months or years in your answer)

_____

Have you ever been injured from these behaviors (bruises, cuts, broken bones)?

- ☐ No
- ☐ Yes

Has your bed partner ever been injured from these behaviors (bruises, blows, pulled hair?)

- ☐ No
- ☐ Yes

Have you ever had dreams about being chased, attacked, or that involve defending yourself?

- ☐ No
- ☐ Yes

Have you ever been told that the movements you made matched the details of your dream?

- ☐ No
- ☐ Yes

Have you ever been told that you walked around the bedroom or house while asleep?

- ☐ No
- ☐ Yes

How often does this occur?

- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

Have you ever been told that you have had episodes of disorientation or confusion during sleep?

- ☐ No
- ☐ Yes

How often does this occur?

- ☐ Not at all
- ☐ < 1 time a week
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Every day

Sleep Questionnaire - Part 3

INSTRUCTIONS:

1. Please read each question very carefully before answering.
2. Please answer questions in the order they appear.
3. Each question should be answered independently of others. Do not go back and check your answers.
4. All questions have a selection of answers. Some questions have a scale instead of a selection of answers.

Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day? (Please enter in a 24-hour HH:MM format)

_____

Considering only your own "best feeling" rhythm, at what time would you go to bed if you were entirely free to plan your evening? (Please enter in a 24-hour HH:MM format)

_____

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 up by an alarm clock?

- ☐ Not at all dependent
- ☐ Slightly dependent
- ☐ Fairly dependent
- ☐ Very dependent

Assuming adequate environmental conditions, how easy do you find getting up in the mornings?

- ☐ Not at all easy
- ☐ Not very easy
- ☐ Fairly easy
- ☐ Very easy

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

- ☐ Not at all alert
- ☐ Slightly alert
- ☐ Fairly alert
- ☐ Very alert

How is your appetite during the first half-hour after having woken in the mornings?

- ☐ Very poor
- ☐ Fairly poor
- ☐ Fairly good
- ☐ Very good

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

- ☐ Very tired
- ☐ Fairly tired
- ☐ Fairly refreshed
- ☐ Very refreshed

When you have no commitments the next day, at what time do you go to bed compared to your usual bedtime?

- ☐ Seldom or never later
- ☐ Less than one hour later
- ☐ 1-2 hours later
- ☐ More than two hours later

You have decided to engage in some physical exercise. A friend suggests that you do this for one hour twice a week and the best time for him is between 7:00-8:00 AM. Bearing in mind nothing else but your own "feeling best" rhythm, how do you think you would perform?

- ☐ Would find it very difficult
- ☐ Would find it difficult
- ☐ Would be on reasonable form
- ☐ Would be on good form

At what time in the evening do you feel tired and as a result in need of sleep? (Please enter in a 24-hour HH:MM format)

_____

You wish to be at your peak performance for a test which you know is going to be mentally exhausting and lasting for two hours. You are entirely free to plan your day and considering only your own "feeling best" rhythm, which ONE of these four testing times would you choose?

- ☐ 8:00-10:00 A.M.
- ☐ 11:00 A.M.-1:00 P.M.
- ☐ 3:00-5:00 P.M.
- ☐ 7:00-9:00 P.M.

If you went to bed at 11:00 PM what level of tiredness would you be?

- ☐ Not at all tired
- ☐ A little tired
- ☐ Fairly tired
- ☐ Very tired

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?

- ☐ Will wake up at usual time and will NOT fall asleep again
- ☐ Will wake up at usual time and will doze thereafter
- ☐ Will wake up at usual time but will fall asleep again
- ☐ Will NOT wake up until later than usual

One night you have to remain awake between 4:00-6:00 A.M. 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?

- ☐ Would NOT go to bed until watch was over
- ☐ Would take a nap before and sleep after
- ☐ Would take a good sleep before and nap after
- ☐ Would take ALL sleep before watch

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

- ☐ 8:00-10:00 A.M.
- ☐ 11:00 A.M-1:00 P.M.
- ☐ 3:00-5:00 P.M.
- ☐ 7:00-9:00 P.M.

You have decided to engage in hard physical exercise. A friend suggests that you do this for one hour twice a week and the best time for him is between 10:00-11:00 P.M. Bearing in mind nothing else but your own "feeling best" rhythm how well do you think you would perform?

- ☐ Would be on good form
- ☐ Would be on reasonable form
- ☐ Would find it difficult
- ☐ Would find it very difficult

Suppose that you can 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 select? Please check the five CONSECUTIVE hours

- ☐ 12 AM - 5 AM
- ☐ 1 AM - 6 AM
- ☐ 2 AM - 7 AM
- ☐ 3 AM - 8AM
- ☐ 4 AM - 9 AM
- ☐ 5 AM - 10 AM
- ☐ 6 AM - 11 AM
- ☐ 7 AM - 12 PM
- ☐ 8 AM - 1 PM
- ☐ 9 AM - 2 PM
- ☐ 10 AM - 3 PM
- ☐ 11 AM - 4 PM
- ☐ 12 AM - 5 PM
- ☐ 1 PM - 6 PM
- ☐ 2 PM - 7 PM
- ☐ 3 PM - 8 PM
- ☐ 4 PM - 9 PM
- ☐ 5 PM - 10 PM
- ☐ 6 PM - 11 PM
- ☐ 7 PM - 12 AM
- ☐ 8 PM - 1 AM
- ☐ 9 PM - 2 AM
- ☐ 10 PM - 3 AM
- ☐ 11 PM - 4 AM

At what time of the day do you think that you reach your "feeling best" peak? (Please enter in a 24-hour HH:MM format)

_____

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

- ☐ Definitely a "morning" type
- ☐ Rather more a "morning" than an "evening" type
- ☐ Rather more an "evening" than a "morning" type
- ☐ Definitely an "evening" type