	(Affix Label Here)	Date Form Filled Out:
	Participant ID:	d d M M M y y y y (e.g., 10JUN2005)
	Participant Name Code:	Interviewer Code:
LONG LIFE		Circle Field Center Location:
FAMILY STUDY		BU CU DK UP

Health Habits Questionnaire (Phase II Follow-Up)

Interviewer Script: The next series of questions will ask you about your usual activity level during your lifetime. If you are not certain, please try to answer the question to the best of your recollection.

Historical Physical Activity Questions:

1. Please choose the category that best describes your <u>usual activity level during a typical week, when you</u> <u>were a teenager</u>?

\square_{2}^{1} Moving about only minimally to carry out everyday chores
Light physical activity 1-2 times per week
³ Light physical activity several times per week
⁴ Physical activity causing breathlessness and sweating 1-2 times per week
⁵ Physical activity causing breathlessness and sweating several times per week
\square^6 Physical activity causing breathlessness and <u>heavy</u> sweating several times per week
⁻¹ Refused
⁻² Don't Know

2. Please choose the category that best describes your <u>usual activity level during a typical week, when you</u> were around age 25?

¹ Moving about only minimally to carry out everyday chores
² Light physical activity 1-2 times per week
\square^3 Light physical activity several times per week
⁴ Physical activity causing breathlessness and sweating 1-2 times per week
⁵ Physical activity causing breathlessness and sweating several times per week
\square^6 Physical activity causing breathlessness and <u>heavy</u> sweating several times per week
⁻¹ Refused
⁻² Don't Know

3. Please choose the category that best describes your <u>usual activity level during a typical week, when you</u> were around age 50?

\Box^{1} Moving about only minimally to carry out everyday chores	
\square^2 Light physical activity 1-2 times per week	
³ Light physical activity several times per week	
\square^4 Physical activity causing breathlessness and sweating 1-2 times per week	
1^{5} Physical activity causing breathlessness and sweating several times per week	
10^{6} Physical activity causing breathlessness and <u>heavy</u> sweating several times per we	ek
⁻¹ Refused	
⁻² Don't Know	
⁻³ Not Applicable	

4. Please choose the category that best describes your <u>usual activity level during a typical week, over the past month</u>?

\square^1 Moving about only minimally to carry out everyday chores
² Light physical activity 1-2 times per week
\square^3 Light physical activity several times per week
\square^4 Physical activity causing breathlessness and sweating 1-2 times per week
\Box^5 Physical activity causing breathlessness and sweating several times per week
\square^6 Physical activity causing breathlessness and <u>heavy</u> sweating several times per week
⁻¹ Refused
⁻² Don't Know

Sleep Habit Questions

A. Sleep Patterns

Interviewer Script: The "LONG LIFE Family Study" Investigators are also very interested in examining the relationship between sleep habits and longevity. The following questions will ask specific details about your sleep habits. If you are not certain, please try to answer the question to the best of your ability.

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

Hours:	Minutes:		⁻¹ Refused
--------	----------	--	-----------------------

6. How much sleep do you usually get at night (or in your main sleep period) on weekends or your nonwork days?

Hours:	Minutes:	⁻¹ Refused
--------	----------	-----------------------

7. How many minutes does it usually take you to fall asleep at bedtime?

Minutes: ______Refused

Part	icipant ID:	Participant Nan	ne Code:
8.	During a usual week, how man	y times do you nap for 5 minutes o	or longer?
	Number of Times:	0None Go to Q12	-1Refused Go to Q12
9.	Do you try to "make time" in yo Check One)	our schedule for a regular nap or "s	siesta" in the afternoon? (Please
	$ \begin{array}{c} 0 \\ 1 \\ 2^{2} \\ 3 \\ -1 \\ \end{array} $.Sometimes .Often .Everyday or almost everyday	Go to Q12 Go to Q12
10.	When you do nap in the afterno	on, how long do you sleep?	
	Hours:	Minutes:	⁻¹ Refused
11.	What best describes your reason	for regular napping in the afterno	on? (Check all that apply)
	$\boxed{}^2$	I do not get enough sleep at night I nap due to an illness or for medi I nap because it makes me feel ref Other Please explain: .Refused	cal reasons freshed in general
12.	Please indicate how often you (<i>a</i>) <i>through</i> (<i>j</i>)]:	experience each of the following.	[Please check one box for each item
	12a. Have trouble falling aslee	р.	

0	Never
\square^1	Rarely (1x/month or less)
\square_{2}	Sometimes (2-4x/month)
<u></u> ³	Often (5-15x/month)
⁴	Almost Always (16-30x/month)
	Refused

12b. Wake up during the night and have difficulty getting back to sleep

0	Never
\square^1	Rarely (1x/month or less)
$\boxed{}^2$	Sometimes (2-4x/month)
3	Often (5-15x/month)
	Almost Always (16-30x/month)
	Refused

12c. Wake up too early in the morning and am unable to get back to sleep

\square^0 .	Never
\square^1 .	
$\boxed{}^2$.	Sometimes (2-4 <i>x/month</i>)
\square^3 .	Often (5-15x/month)
$\overline{\Box}^4$.	Almost Always (16-30x/month)
-1	Refused

12d. Feel unrested during the day, no matter how many hours of sleep you had.

0	Never
\square^1	Rarely (1x/month or less)
\equiv	Sometimes (2-4x/month)
$\overline{\square}^3$	Often (5-15x/month)
⁴	Almost Always (16-30x/month)
<u> </u> -1	Refused

12e. Feel excessively (overly) sleepy during the day.

0	Never
$\boxed{}^1$	Rarely (1x/month or less)
	Sometimes (2-4x/month)
<u>3</u>	Often (5-15x/month)
⁴	Almost Always (16-30x/month)
<u> </u> ⁻¹	Refused

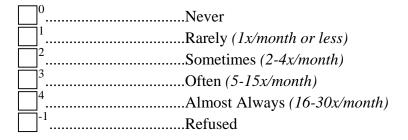
12f. Do not get enough sleep.

	Never
\square^1	Rarely (1x/month or less)
$\boxed{}^2$	Sometimes (2-4x/month)
3	Often (5-15x/month)
$[]^{4}$	Almost Always (16-30x/month)
-1	Refused

12g. Take sleeping pills or other medication to help you sleep.

0	Never
\square^1	
$[]^2$	Sometimes (2-4x/month)
³	Often (5-15x/month)
⁴	
⁻¹	Refused

12h. Nasal stuffiness, obstruction or discharge at night.



12i. Leg jerks.

\square^0	Never
$\boxed{1}^{1}$	
$[]^2$	Sometimes (2-4x/month)
³	Often (5-15x/month)
⁴	
<u> </u> -1	Refused

12j. Leg cramps.

Never
Rarely (1x/month or less)
Sometimes (2-4x/month)
Often (5-15x/month)
¹ Refused

B. Snoring and Breathing

Interviewer Note: "The next few questions are about snoring and breathing during sleep. To answer these questions, please consider **both** what others have told you, as well as what you know to be true and correct."

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

¹	Yes	
0	No	Go to Q18
⁻¹	Refused	Go to Q18
⁻²	Don't Know	Go to Q18

14. How often do you snore now? (Please check one)

0	Do not snore any more.	Go to Q17
<u>1</u>	Rarely (less than 1 night/week))
²	Sometimes (1-2 nights/week)	
3	Frequently (3-5 nights/week)	
4	⁴ Always or almost always (6-7 <i>nights/week</i>)	
-1	Refused	Go to Q17
-2	Don't Know	Go to Q17

15. How loud is your snoring? (Please check one)

¹	Only slightly louder than heavy breathing
²	About as loud as mumbling or talking
3	Louder than talking
⁴	Extremely loud (can be heard through a closed door)
-1	Refused
	Don't Know

16. Has your snoring been _____? (*Please check one*)

¹	.Increasing over time?
- 2	.Decreasing over time?
] ³	.Staying the same?
]-1	.Refused
]-2	.Don't Know

17. Have you ever had somnoplasty, laser treatment, or surgery as treatment for your snoring?



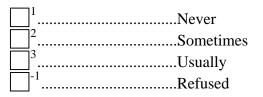
18. Are there times when you stop breathing during your sleep?

¹ Yes	Go to Q19
0No	Go to Q20
⁻¹ Refused	Go to Q20
⁻² Don't Know	Go to Q20

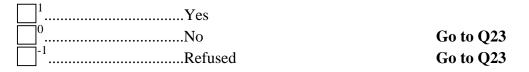
19. How often do you have times when you stop breathing during your sleep?

\square^1 .	Rarely (less than 1 night/week)
$\overline{\Box}^2$.	Sometimes (1-2 nights/week)
$\boxed{}^3$.	Frequently (3-5 nights/week)
\square^4 .	
⁻¹	Refused
-2	Don't Know

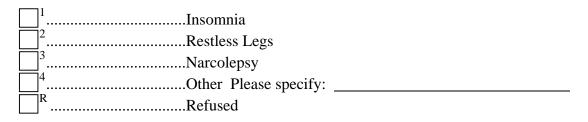
20. During the past year, how often have one or more members of your household been in or near the room where you have slept? *Interviewer Note: Living alone should be marked as "never"*.



21. Have you ever been told by a doctor that you have a sleep disorder (other than sleep apnea)?



22. What sleep disorder were you told that you have? (*Check all that apply*)



C. Sleepiness

- 23. What is the chance that you would doze off or fall asleep (<u>not just "feel tired"</u>) in each of the following situations? (*Please check one box for each situation*. *If you are never or rarely in this situation, please give your "best estimate" as to what would happen.*)
 - 23a. Sitting and reading.

<u>1</u>	No Chance
²	Slight Chance
3	Moderate Chance
⁴	High Chance
-1	Refused

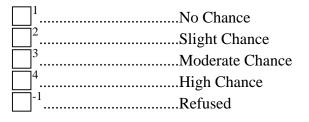
23b. Watching TV.

] ¹	No Chance
] ²	Slight Chance
] ³	Moderate Chance
]4	High Chance
]-1	Refused

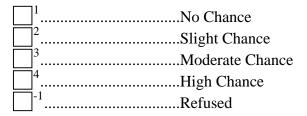
23c. Sitting inactive in a public place (such as a theater or meeting).

\square^1 .	No Chance
$\overline{\Box}^2$.	Slight Chance
3 .	
\square^4 .	High Chance
— ⁻¹	Refused

23d. Riding as a passenger in a car for an hour without a break.



23e. Lying down to rest in the afternoon when circumstances permit.



23f. Sitting and talking to someone.

¹	No Chance
²	Slight Chance
	Moderate Chance
⁴	High Chance
<u></u> -1	Refused

23g. Sitting quietly after a meal without alcohol.

\square^1	No Chance
2^{2}	Slight Chance
³	
⁴	High Chance
⁻¹	Refused

23h. In a car, while stopped for a few minutes in traffic. *Interviewer Note: Participant should answer as if they were the driver or the passenger.*

\square^1	No Chance
$\overline{\square}^2$	Slight Chance
	Moderate Chance
⁴	High Chance
-1	Refused

23i. At the dinner table.

1	No Chance
2	Slight Chance
3	
4	High Chance
-1	Refused

23j. While driving.

¹	No Chance
²	Slight Chance
3	Moderate Chance
4	High Chance
\Box^{-1}	Refused