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Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Date Form Filled Out:

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(e.g., 10JUN2005)

Interviewer Code: □ □ □

Circle Field Center Location:

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Circle Visit: <sup>7</sup>Visit 3 (New Participant)

Form Version Date: 30/10/2019

### Health Habits Questionnaire (Visit 3 New Participants)

**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:**

Q1. Please choose the category that best describes your usual activity level during a typical week, when you were a teenager?

- 1 .....Moving about only minimally to carry out everyday chores
- 2 .....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
- 6 .....Physical activity causing breathlessness and heavy sweating several times per week
- R .....Refused
- D .....Don't Know

Q2. Please choose the category that best describes your usual activity level during a typical week, when you were around age 25?

- 1 .....Moving about only minimally to carry out everyday chores
- 2 .....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
- 6 .....Physical activity causing breathlessness and heavy sweating several times per week
- R .....Refused
- D .....Don't Know
- N .....Not Applicable (age <25)

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Q3. Please choose the category that best describes your usual activity level during a typical week, when you were around age 50?

- <sup>1</sup> .....Moving about only minimally to carry out everyday chores
- <sup>2</sup> .....Light physical activity 1-2 times per week
- <sup>3</sup> .....Light physical activity several times per week
- <sup>4</sup> .....Physical activity causing breathlessness and sweating 1-2 times per week
- <sup>5</sup> .....Physical activity causing breathlessness and sweating several times per week
- <sup>6</sup> .....Physical activity causing breathlessness and heavy sweating several times per week
- <sup>R</sup> .....Refused
- <sup>D</sup> .....Don't Know
- <sup>N</sup> .....Not Applicable

Q4. Please choose the category that best describes your usual activity level during a typical week, over the past month?

- <sup>1</sup> .....Moving about only minimally to carry out everyday chores
- <sup>2</sup> .....Light physical activity 1-2 times per week
- <sup>3</sup> .....Light physical activity several times per week
- <sup>4</sup> .....Physical activity causing breathlessness and sweating 1-2 times per week
- <sup>5</sup> .....Physical activity causing breathlessness and sweating several times per week
- <sup>6</sup> .....Physical activity causing breathlessness and heavy sweating several times per week
- <sup>R</sup> .....Refused
- <sup>D</sup> .....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.*

Q5. How much sleep do you usually get at night (or in your main sleep period) on weekdays or workdays?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_ <sup>R</sup> .....Refused

Q6. How much sleep do you usually get at night (or in your main sleep period) on weekends or your non-work days?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_ <sup>R</sup> .....Refused

Q7. How many minutes does it usually take you to fall asleep at bedtime?

Minutes: \_\_\_\_\_ <sup>R</sup> .....Refused

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Q8. During a usual week, how many times do you nap for 5 minutes or longer?

Number of Times: \_\_\_\_\_ <sup>0</sup> .....None <sup>R</sup> .....Refused  
Go to Q12 Go to Q12

Q9. Do you try to "make time" in your schedule for a regular nap or "siesta" in the afternoon? (Please Check One)

<sup>0</sup> .....Never or rarely Go to Q12  
<sup>1</sup> .....Sometimes  
<sup>2</sup> .....Often  
<sup>3</sup> .....Everyday or almost everyday  
<sup>R</sup> .....Refused Go to Q12

Q10. When you do nap in the afternoon, how long do you sleep?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_ <sup>R</sup> .....Refused

Q11. What best describes your reason for regular napping in the afternoon? (Check all that apply)

<sup>1</sup> .....I do not get enough sleep at night  
<sup>2</sup> .....I nap due to an illness or for medical reasons  
<sup>3</sup> .....I nap because it makes me feel refreshed in general  
<sup>4</sup> .....Other Please explain: \_\_\_\_\_  
<sup>R</sup> .....Refused

Q12. Please indicate how often you experience each of the following. [Please check one box for each item (a) through (j)]:

Q12a. Have trouble falling asleep.

<sup>0</sup> .....Never  
<sup>1</sup> .....Rarely (1x/month or less)  
<sup>2</sup> .....Sometimes (2-4x/month)  
<sup>3</sup> .....Often (5-15x/month)  
<sup>4</sup> .....Almost Always (16-30x/month)  
<sup>R</sup> .....Refused

Q12b. Wake up during the night and have difficulty getting back to sleep

<sup>0</sup> .....Never  
<sup>1</sup> .....Rarely (1x/month or less)  
<sup>2</sup> .....Sometimes (2-4x/month)  
<sup>3</sup> .....Often (5-15x/month)  
<sup>4</sup> .....Almost Always (16-30x/month)  
<sup>R</sup> .....Refused

Q12c. Wake up too early in the morning and am unable to get back to sleep

- 0 .....Never
- 1 .....Rarely (*1x/month or less*)
- 2 .....Sometimes (*2-4x/month*)
- 3 .....Often (*5-15x/month*)
- 4 .....Almost Always (*16-30x/month*)
- R .....Refused

Q12d. Feel unrested during the day, no matter how many hours of sleep you had.

- 0 .....Never
- 1 .....Rarely (*1x/month or less*)
- 2 .....Sometimes (*2-4x/month*)
- 3 .....Often (*5-15x/month*)
- 4 .....Almost Always (*16-30x/month*)
- R .....Refused

Q12e. Feel excessively (overly) sleepy during the day.

- 0 .....Never
- 1 .....Rarely (*1x/month or less*)
- 2 .....Sometimes (*2-4x/month*)
- 3 .....Often (*5-15x/month*)
- 4 .....Almost Always (*16-30x/month*)
- R .....Refused

Q12f. Do not get enough sleep.

- 0 .....Never
- 1 .....Rarely (*1x/month or less*)
- 2 .....Sometimes (*2-4x/month*)
- 3 .....Often (*5-15x/month*)
- 4 .....Almost Always (*16-30x/month*)
- R .....Refused

Q12g. Take sleeping pills or other medication to help you sleep.

- 0 .....Never
- 1 .....Rarely (*1x/month or less*)
- 2 .....Sometimes (*2-4x/month*)
- 3 .....Often (*5-15x/month*)
- 4 .....Almost Always (*16-30x/month*)
- R .....Refused

Q12h. Nasal stuffiness, obstruction or discharge at night.

- 0 .....Never
- 1 .....Rarely (1x/month or less)
- 2 .....Sometimes (2-4x/month)
- 3 .....Often (5-15x/month)
- 4 .....Almost Always (16-30x/month)
- R .....Refused

Q12i. Leg jerks.

- 0 .....Never
- 1 .....Rarely (1x/month or less)
- 2 .....Sometimes (2-4x/month)
- 3 .....Often (5-15x/month)
- 4 .....Almost Always (16-30x/month)
- R .....Refused

Q12j. Leg cramps.

- 0 .....Never
- 1 .....Rarely (1x/month or less)
- 2 .....Sometimes (2-4x/month)
- 3 .....Often (5-15x/month)
- 4 .....Almost Always (16-30x/month)
- R .....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."

Q13. Have you ever snored (now or at any time in the past)?

- 1 .....Yes
- 0 .....No
- R .....Refused
- D .....Don't Know

**Go to Q18**

**Go to Q18**

**Go to Q18**

Q14. How often do you snore now? *(Please check one)*

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

Q15. 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)
- R .....Refused
- D .....Don't Know

Q16. Has your snoring been \_\_\_\_\_? *(Please check one)*

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

Q17. Have you ever had somnoplasty, laser treatment, or surgery as treatment for your snoring?

- 1 .....Yes
- 0 .....No
- R .....Refused

Q18. Are there times when you stop breathing during your sleep?

- 1 .....Yes **Go to Q19**
- 0 .....No **Go to Q20**
- R .....Refused **Go to Q20**
- D .....Don't Know **Go to Q20**

Q19. How often do you have times when you stop breathing during your sleep?

- 1 .....Rarely (*less than 1 night/week*)
- 2 .....Sometimes (*1-2 nights/week*)
- 3 .....Frequently (*3-5 nights/week*)
- 4 .....Always or almost always (*6-7 nights/week*)
- R .....Refused
- D .....Don't Know

Q20. 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".*

- 1 .....Never
- 2 .....Sometimes
- 3 .....Usually
- R .....Refused

Q21. Have you ever been told by a doctor that you have a sleep disorder (other than sleep apnea)?

- 1 .....Yes
- 0 .....No
- R .....Refused

**Go to Q23**  
**Go to Q23**

Q22. What sleep disorder were you told that you have? (*Check all that apply*)

- 1 .....Insomnia
- 2 .....Restless Legs
- 3 .....Narcolepsy
- 4 .....Other Please specify: \_\_\_\_\_
- R .....Refused

**C. Sleepiness**

Q23. What is the chance that you would doze off or fall asleep (not just "feel tired") 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.*)

Q23a. Sitting and reading.

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused

Q23b. Watching TV.

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused

Q23c. Sitting inactive in a public place (such as a theater or meeting).

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused

Q23d. Riding as a passenger in a car for an hour without a break.

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused

Q23e. Lying down to rest in the afternoon when circumstances permit.

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused

Q23f. Sitting and talking to someone.

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused



Q23g. Sitting quietly after a meal without alcohol.

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused

Q23h. 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.*

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused

Q23i. At the dinner table.

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused

Q23j. While driving.

- 1 .....No Chance
- 2 .....Slight Chance
- 3 .....Moderate Chance
- 4 .....High Chance
- R .....Refused