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HCHS/SOL Sleep Questionnaire

ID NUMBER:

FORM CODE: SLE
VERSION: A 06/29/07

Contact Occasion SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Mark a check in the appropriate box for the response. Unless instructed, mark **ONLY** one response.

The following two questions refer to the times you get in and out of bed in order to sleep (not including naps).

1. What time do you usually go to bed?

a. On weekdays or work or school days? : ___ ___ am/pm
b. On weekends, or days off? : ___ ___ am/pm

2. What time do you usually wake up?

a. On weekdays or work or school days? : ___ ___ am/pm
b. On weekends, or days off? : ___ ___ am/pm

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

None 0
1 or more times 1

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16. Do you sometimes feel the need to move to relieve the discomfort, for example by walking, or to relieve the discomfort by rubbing your legs?

- No 0
- Yes 1
- Don't know 9

17. Are these symptoms worse when you are at rest, with at least temporary relief by activity?

- No 0
- Yes 1
- Don't know 9

18. Are these symptoms worse later in the day or at night?

- No 0
- Yes 1
- Don't know 9