

Attachment 13A:
Night Shift Work and Sleep Pattern Questionnaire
and Interview Guide

Interview Script:

Today we are interested in learning about your reaction to a questionnaire that we developed for the *Shanghai Women's Health Study (SWHS)*. I will read the questionnaire to you and I would like your thoughts about the questions.

Occasionally I might interrupt and ask a question or two about what you meant, or how you interpreted something. My goal is simply to get information about how people understand and think about the questions on the form.

There are no right or wrong answers. This is just how we go about checking the questions to see if they work the way we want them to. Hearing your thoughts helps us figure out how to improve the questions moving forward.

You don't have to answer anything that you don't want to. And of course, your participation is voluntary and you may stop at any time.

Do you have any questions?

Instructions for Interviewer As Conducting Questionnaire:

Follow-up on these situations, if they occur:

- Respondent's voices uncertainty or questions something about a question
- Respondent's facial expression, body language or mannerisms suggest confusion, sensitivity, etc.

General questions/probes:

- I noticed you (*describe what you're reacting to, such as "hesitate"*) right there. Tell me what you were thinking.
- *To get respondents to elaborate more on their answer:*
Can you tell me more about that?
- *Respondent asks you a question about a term or phrase:*
 - Okay, what do you think that means in this question/context?
 - How would you interpret that in order to answer the question?

OMB #: 0925-0046-1313
Expiry Date: 02/28/2013

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0046-13). Do not return the completed form to this address.

1. Below are the jobs that you reported holding as of (Date)_____ at the last follow-up interview. Please answer the questions for each of these jobs whether it entailed rotating shift work (morning shift, day shift, and night shift).

| | a. First job | b.2 nd job | c. 3 rd job | d. 4 th job |
|--|---|---|---|---|
| Name of Factory | Pre-print the job history here | | | |
| Type of products or service produced by this industry | | | | |
| Department and title of your job | | | | |
| General activities of your job | | | | |
| Year started | | | | |
| Year ended | | | | |
| 1.1. Did you work rotating or permanent nightshifts when you were on this job? | Yes.....1 No.....2 (Skip to next job) | Yes.....1 No.....2 (Skip to next job) | Yes.....1 No.....2 (Skip to next job) | Yes.....1 No.....2 (Skip to 2.1) |
| 1.2. If yes, what type of shift work did you do? Please specify the times starting and stopping. | Morning: From__to__..1 Day: From__to__..2 Night: From__to__..3 | Morning: From__to__..1 Day: From__to__..2 Night: From__to__..3 | Morning: From__to__..1 Day: From__to__..2 Night: From__to__..3 | Morning: From__to__..1 Day: From__to__..2 Night: From__to__..3 |
| 1.3. On average, how many times per week or per month did you work night shifts? | Morning:___/wk.....1 /month..2 Day: ___/wk.....1 /month..2 Night: ___/wk.....1 /month..2 | Morning:___/wk.....1 /month..2 Day: ___/wk.....1 /month..2 Night: ___/wk.....1 /month..2 | Morning:___/wk.....1 /month..2 Day: ___/wk.....1 /month..2 Night: ___/wk.....1 /month..2 | Morning:___/wk.....1 /month..2 Day: ___/wk.....1 /month..2 Night: ___/wk.....1 /month..2 |
| 1.4. How many years did you work night shifts when you held this job? | _____ years | _____ years | _____ years | _____ years |

Please describe your usual sleeping habits by the three time periods below (please exclude any sleep pattern changes due to rotating shifts):

| Ages | a. <=25 | b. 25-55 | c. >55 |
|--|--|--|---|
| 2.1 What time did you <u>usually</u> go to bed? | _____ Time | _____ Time | _____ Time |
| 2.2 Did you <u>usually</u> go to bed after midnight? If yes, please select what time did you go to bed (2.3), and answer how many times did you go to bed after midnight per week or per month (2.4). 1. 0:00 -3:00 am. 2. 3:01-5:00 am. 3. 5:01-7:00 am. 4. Overnight | Yes 1 No2 (Skip to next age group) 1 2 3 4 _____ times Per week..... 1 Per month..... 2 | Yes 1 No2 (Skip to next age group) 1 2 3 4 _____ times Per week..... 1 Per month..... 2 | Yes 1 No2 (Skip to 2.5) 1 2 3 4 _____ times Per week..... 1 Per month..... 2 |
| 2.5 Did you <u>usually</u> go to bed under the condition of : 1- Completely dark (you could not see your fingers) 2- Slightly light(you could see the bed board) 3-Somewhat light (You could see the wall opposite or furniture around) 4- Bright (you could read) 5- Lights on (without eye cover) 6- day time (window curtains were open) | 1 2 3 4 5 6 | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 2.6 Did you <u>usually</u> get up in the early morning before 5:00am? If yes, please select what time did you get up (2.7), and answer how many times did you get up before 5:00 am. (2.8)? 1. 1:00-3:00 am. 2. 3:01-4:00 am 3. 4:01-5:00am | Yes 1 No2 (Skip to next age group) 1 2 3 _____ Times Per week..... 1 Per month..... 2 | Yes 1 No2 (Skip to next age group) 1 2 3 _____ Times Per week..... 1 Per month..... 2 | Yes 1 No2 (Skip to 2.9) 1 2 3 _____ Times Per week..... 1 Per month..... 2 |
| 2.9 How many hours did you <u>usually</u> sleep on average? | _____ hours | _____ hours | _____ hours |