



Instructions for Completing the Survey

The survey can be completed online or by filling out the survey on the following pages. It will take you approximately 10 minutes to complete.

If You Choose to Complete the Online Survey:

- Go to the following link: <<URL>>
- Enter the access code: <<access code>>
- Enter the following number for your Subject ID: <<individual subject ID>>
- Questions are either multiple choice or fill in the blank
- Click on the 'SUBMIT' button when finished
- The survey can also be accessed on your smart phone or tablet using the QR code below:



If You Choose to Complete the Paper Survey:

- Please mark all answers clearly and return the completed survey using the included return envelope
- If the question is multiple choice, mark your answer by placing an x in the box:
- If there are no response alternatives listed, write in your response in the provided space

For **BOTH** versions of the survey only select one answer except where indicated.

Today's date: _____

Q1. During the **last month** or so, how would you rate your sleep quality overall?

Very good	Fairly good	Neither good nor bad	Fairly bad	Very bad
↓	↓	↓	↓	↓
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. Select the response that best reflects how often you have taken medicine (prescribed or “over the counter”) to help you sleep during the **last month** or so.

Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
↓	↓	↓	↓
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. How strongly do you agree or disagree with the statement “I am sensitive to noise”?

Strongly disagree				Strongly agree
1	2	3	4	5
↓	↓	↓	↓	↓
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. Thinking about the **last 12 months** or so, when you are here at home, how much does noise from aircraft bother, disturb or annoy you?

Not at all	Slightly	Moderately	Very	Extremely
↓	↓	↓	↓	↓
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5. Thinking about the **last 12 months** or so, when you are here at home, how much does noise from aircraft disturb your sleep?

Not at all	Slightly	Moderately	Very	Extremely
↓	↓	↓	↓	↓
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6. Now considering how you feel about everything in your neighborhood, how would you rate your neighborhood as a place to live on a scale from 1 to 5 where 1 is best and 5 is worst?

Best					Worst			
1		2		3		4		5
↓		↓		↓		↓		↓
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Q7. In general, would you say your health is...?

Excellent		Very good		Good		Fair		Poor
↓		↓		↓		↓		↓
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Q8. Have you ever been diagnosed by a health professional with any of the following sleep disorders (mark all that apply)?

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Sleep apnea | <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Restless leg syndrome |
| <input type="checkbox"/> Periodic limb movement syndrome | <input type="checkbox"/> Insomnia | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify): _____ | | |

Q9. Do you have any problems or difficulties with your sense of hearing? Yes No

Q10. Have you ever been diagnosed by a health professional with any of the following conditions (mark all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Hypertension/High blood pressure | <input type="checkbox"/> Arrhythmia/Irregular heartbeat | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> None |

Q11. What is your current employment status?

- Employed (working mostly from home)
- Employed (working mostly away from home)
- Unemployed/searching for a job
- Student
- Retired
- Homemaker
- Other

Q12. What is the highest degree or level of school you have completed?

- Less than high school
- High school graduate, including equivalency
- Some college credit, no degree
- Bachelor's degree
- Graduate or professional degree

Q13. What was your total household income last year?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- Prefer not to answer

Q14. If currently employed, does your job require overnight shift work?

(Overnight shift work refers to work for at least 4 hours between 00:00 midnight to 06:00 am in the morning)

Yes

No

Q15. What is your Ethnicity?

Hispanic
or Latino

Not

Hispanic or
Latino

Q16. What is your race? Mark all that apply.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

Other (please specify): _____

Q17. How long have you lived at your current residence?

Less than 1 year

1 year or more but less than 5 years

5 to 10 years

More than 10 years

Q18. How many people (including yourself) reside in this household? _____

Q19. Is there someone living in your home that frequently requires your care during the night?

Yes

No

Q20. What is your sex:

Male

Female

Q21. What is your age:

_____ (years)

Q22. What is your height?

_____ feet _____ inches

Q23. What is your weight?

_____ lbs

Q24. Any other comments? _____

Q25. Are you interested in taking part in the in-home sleep study, and do you give your permission for the study team to contact you either by phone or email?

Yes

No

If you are interested in the in-home study, please provide your contact details below.

First Name
(Print):

Last Name
(Print):

Email
Address:

Phone #
(Land-line):

Phone #
(Cell):
