

**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.

Todays date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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**  **↓** |
| **□** | **□** | **□** | **□** | **□** |

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| 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**  **↓** |
| **□** | **□** | **□** | **□** |

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| Q3. How strongly do you agree or disagree with the statement “I am sensitive to noise”? | | | | |
| **Strongly disagree**  **1**  **↓** | **2**  **↓** | **3**  **↓** | **4**  **↓** | **Strongly agree**  **5**  **↓** |
| **□** | **□** | **□** | **□** | **□** |

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| 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**  **↓** |
| **□** | **□** | **□** | **□** | **□** |

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| 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**  **↓** |
| **□** | **□** | **□** | **□** | **□** |

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| 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**  **1**  **↓** | **2**  **↓** | **3**  **↓** | **4**  **↓** | **Worst**  **5**  **↓** |
| **□** | **□** | **□** | **□** | **□** |

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| Q7. In general, would you say your health is…? | | | | |
| **Excellent**  **↓** | **Very good**  **↓** | **Good**  **↓** | **Fair**  **↓** | **Poor**  **↓** |
| **□** | **□** | **□** | **□** | **□** |

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| Q8. Have you ever been diagnosed by a health professional with any of the following sleep disorders (mark all that apply)? | | |
| **□** Sleep apnea | **□** Narcolepsy | **□** Restless leg syndrome |
| **□** Periodic limb movement syndrome | **□** Insomnia | **□** None |
| **□** Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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

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| Q10. Have you ever been diagnosed by a health professional with any of the following conditions (mark all that apply)? | | |
| **□** Hypertension/High blood pressure | **□** Arrhythmia/Irregular heartbeat | **□** Heart disease |
| **□** Diabetes | **□** Cancer | **□** None |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| Q15. What is your Ethnicity? | **□** Hispanic or Latino | **□** Not Hispanic or Latino |

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| 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| 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 |

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| Q18. How many people (including yourself) reside in this household? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Q19. Is there someone living in your home that  frequently requires your care during the night? | **□** Yes | **□** No |

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| Q20. What is your sex: | **□** Male | **□** Female | Q21. What is your age: | \_\_\_\_\_\_\_\_\_\_\_\_ (years) |

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| Q22. What is your height? | \_\_\_\_\_\_\_\_\_\_\_\_\_feet \_\_\_\_\_\_\_\_\_\_\_\_inches |
| Q23. What is your weight? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs |

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| Q24. Any other comments? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| 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.

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| First Name (Print): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Last Name (Print): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone # (Land-line): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone # (Cell): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |