CODING VERSION

The Raine Study Parent Assessment

Sleep questionnaire
Complete at sleep study

(or with other questionnaires if not doing sleep study)

In RED = original standardised questionnaires
In GREEN = RAINE STUDY coding/labelling

Thank you for completing this questionnaire.

The purpose of this questionnaire is to collect detailed information about your sleep patterns.

Please complete all the questions.
Please use a pen to complete the questionnaire

If you have any questions please ask the Raine Study Research Assistant

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The following questions are about sleepiness

Epworth Sleepiness Scale (ESS)

4. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

It is important that you answer each question as best you can.

Situation	**Chance of dozing (0-3)**			
	would **never** doze = 0	**slight chance** of dozing = 1	**moderate chance** of dozing = 2	**high chance** of dozing = 3
ESS Q1 (1) Sitting and reading G126_EPW1	0	1	2	3
ESS Q2 (2) Watching TV G126_EPW2	0	1	2	3
ESS Q3 (3) Sitting inactive in a public place (e.g. a theatre or a meeting) G126_EPW3	0	1	2	3
ESS Q4 (4) As a passenger in a car for an hour without a break G126_EPW4	0	1	2	3
ESS Q5 (5) Lying down to rest in the afternoon when circumstances permit G126_EPW5	0	1	2	3
ESS Q6 (6) Sitting and talking to someone G126_EPW6	0	1	2	3
ESS Q7 (7) Sitting quietly after lunch without alcohol G126_EPW7	0	1	2	3
ESS Q8 (8) In a car while stopped for a few minutes in traffic G126_EPW8	0	1	2	3

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These questions relate to your sleep over the past month

Pittsburgh Sleep Quality Index (PSQI)

7. The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

PSQI Q1 (1) During the past month, what time have you usually gone to bed at night?

[BED TIME] 00:00 (24 hr clock) G126_BED .....

PSQI Q2 (2) During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

[NUMBER OF MINUTES] G126_SL1.....

PSQI Q3 (3) During the past month, what time have you usually gotten up in the morning?

[GETTING UP TIME] 00:00 (24 hr clock) G126_WAKE.....

PSQI Q4 (4) During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

[HOURS OF SLEEP PER NIGHT] *decimal points* G126_SL2A .....

For each of the remaining questions, check the one best response. Please answer all questions

(5) During the past month, how often have you had trouble sleeping because you …

	Not during the past month = 0	less than once week = 1	Once or twice a week =2	Three or more times a week =3
PSQI Q5a (a) Cannot get to sleep within 30 minutes G126_SL6	☐	☐	☐	☐
PSQI Q5b (b) Wake up in the middle of the night or early morning G126_SL7	☐	☐	☐	☐
PSQI Q5c (c) Have to get up to use the bathroom G126_SL8	☐	☐	☐	☐
PSQI Q5d (d) Cannot breathe comfortably G126_SL9	☐	☐	☐	☐
PSQI Q5e (e) Cough or snore loudly G126_SL10	☐	☐	☐	☐
PSQI Q5f (f) Feel too cold G126_SL11	☐	☐	☐	☐

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PSQI Q5g (g) Feel too hot G126_SL12	☐	☐	☐	☐
PSQI Q5h (h) Had bad dreams G126_SL13	☐	☐	☐	☐
PSQI Q5i (i) Have pain G126_SL14	☐	☐	☐	☐
PSQI Q5j (j) Other reason(s), please describe	G126_SL15_NOTE			
How often have you had trouble sleeping because of this G126_SL15	☐	☐	☐	☐

PSQI Q6 (6) During the past month, how would you rate your sleep quality overall? G126_SL16

☐ Very good = 0 ☐ Fairly good = 1 ☐ Fairly bad = 2 ☐ Very bad = 3

PSQI Q7 (7) During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")? G126_SL17

☐ Not during the past month = 0

☐ Less than once a week = 1

☐ Once or twice a week = 2

☐ Three or more times a week = 3

PSQI Q8 (8) During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity G126_SL18A

☐ Not during the past month = 0

☐ Less than once a week = 1

☐ Once or twice a week = 2

☐ Three or more times a week = 3

PSQI Q9 (9) During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? G126_SL19

☐ No problem at all = 0

☐ Only a very slight problem = 1

☐ Somewhat of a problem = 2

☐ A very big problem = 3

PSQI Q10 (10) Do you have a bed partner or roommate? G126_SL20

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- ☐ No bed partner or roommate = 0
- ☐ Partner/roommate in other room = 1
- ☐ Partner in same room, but not same bed = 2
- ☐ Partner in same bed = 3

(11) **During the past month, how many times per night do you wake up?** G126_SL18

- ☐ Never = 0
- ☐ Less than once a week = 1
- ☐ 1-6 times per week = 2
- ☐ 1-2 times per night = 3
- ☐ 3-5 times per night = 4
- ☐ More than 5 times per night = 5

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8.1 During the past month, have you done, or been told you do, the following while asleep or trying to sleep?

	Never = 0	Rarely (less than 1 x/ week) = 1	Sometimes (1-2 x/week) = 2	Frequently 3-4 x/week = 3	Always (5-7 x/ week) = 4	Don't know = 10
(1) Snore G126_SL26	☐	☐	☐	☐	☐	☐
(2) Toss, turn or thrash frequently during the night G126_SL28	☐	☐	☐	☐	☐	☐
(3) Stop breathing for seconds or longer periods of time G126_SL29	☐	☐	☐	☐	☐	☐
(4) Choke G126_SL30	☐	☐	☐	☐	☐	☐
(5) Struggle for breath G126_SL31	☐	☐	☐	☐	☐	☐
(6) Snort of gasp during sleep (suddenly take large and fast breaths) G126_SL32	☐	☐	☐	☐	☐	☐
(7) Wheeze or whistle (from your chest) G126_SL33	☐	☐	☐	☐	☐	☐

8.2 During the past month, have you experienced the following while asleep or trying to sleep?

	Never = 0	Rarely (less than 1 x/ week) = 1	Sometimes (1-2 x/week) = 2	Frequently 3-4 x/week = 3	Always (5-7 x/ week) = 4	Don't know = 10
(8) Stuffy nose G126_SL34	☐	☐	☐	☐	☐	☐
(9) Palpitations or a racing heart G126_SL35	☐	☐	☐	☐	☐	☐
(10) Jumpy or jerky legs G126_SL36	☐	☐	☐	☐	☐	☐
(11) Leg cramps G126_SL37	☐	☐	☐	☐	☐	☐
(12) Difficulty falling asleep G126_SL38	☐	☐	☐	☐	☐	☐
(13) Lying awake during sleep time feeling worried, depressed or sad G126_SL39	☐	☐	☐	☐	☐	☐
(14) Pain or physical discomfort G126_SL40	☐	☐	☐	☐	☐	☐
(15) Heartburn during your sleep time G126_SL41	☐	☐	☐	☐	☐	☐

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8.3 During the past month, have you experienced the following?						
	Never = 0	Rarely (less than 1 x/ week) = 1	Sometimes (1-2 x/week) = 2	Frequently 3-4 x/week = 3	Always (5-7 x/ week) = 4	Don't know = 10
(17) Sleepiness that interferes with concentration G126_SL42	☐	☐	☐	☐	☐	☐
(18) Feeling tired or fatigued after you wake up G126_SL43	☐	☐	☐	☐	☐	☐
(19) Dozing while reading or watching television G126_SL44	☐	☐	☐	☐	☐	☐
(20) Dozing while in conversation with someone or during meals G126_SL45	☐	☐	☐	☐	☐	☐
(21) Used coffee, tea or other caffeine drinks to stay awake during your normal waking time G126_SL46	☐	☐	☐	☐	☐	☐
(22) Had to pull off the road while driving or almost been in a car accident due to sleepiness G126_SL47	☐	☐	☐	☐	☐	☐
(23) No matter how much sleep you had, you didn't wake up feeling rested. G126_SL48	☐	☐	☐	☐	☐	☐
(24) Needed to wake up from sleep to use the toilet 2 or more times G126_SL49	☐	☐	☐	☐	☐	☐
(25) Your bedtime changed by 2 or more hours G126_SL50	☐	☐	☐	☐	☐	☐
(26) Woken up feeling paralysed, unable to move for short periods G126_SL51	☐	☐	☐	☐	☐	☐
(27) Dry mouth or throat on waking G126_SL52	☐	☐	☐	☐	☐	☐
(28) Morning headaches G126_SL53	☐	☐	☐	☐	☐	☐

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Pittsburgh Sleep Symptom Questionnaire – Insomnia (PSSQ_I) Q9 Below is a list of common sleep complaints. **During the past month**, how many nights, or days per week, have you had, or been told you had, the following symptoms? If you have experienced any of had these symptoms, please indicate how long it lasted - in weeks, months or years.

During the past month …	**Never** = 0	**Do not Know** = 10	**Rarely,** less than once per week = 1	**Sometimes,** 1-2 times per week = 2	**Frequently** 3-4 times per week = 3	**Always,** 5-7 times per week = 4	**How long has the symptom lasted** (number of weeks, months or years) G126_PSSQA1
PSSQ_I Q1 9.1 Difficulty falling asleep G126_G126_PSSQ1	☐	☐	☐	☐	☐	☐	☐ weeks G126_PSSQA = 1 ☐ months G126_PSSQA = 2 ☐ years G126_PSSQA = 3
PSSQ_I Q2 9.2 Difficulty staying asleep G126_PSSQ2	☐	☐	☐	☐	☐	☐	G126_PSSQB2 ☐ weeks G126_PSSQB = 1 ☐ months G126_PSSQB = 2 ☐ years G126_PSSQB = 3
PSSQ_I Q3 9.3 Frequent awakenings from sleep G126_PSSQ3	☐	☐	☐	☐	☐	☐	G126_PSSQC3 ☐ weeks G126_PSSQC= 1 ☐ months G126_PSSQC= 2 ☐ years G126_PSSQC = 3
PSSQ_I Q4 9.4 Feeling that your sleep is not sound G126_PSSQ4	☐	☐	☐	☐	☐	☐	G126_PSSQD4 ☐ weeks G126_PSSQD = 1 ☐ months G126_PSSQD = 2 ☐ years G126_PSSQD = 3
PSSQ_I Q5 9.5 Feeling that your sleep is	☐	☐	☐	☐	☐	☐	G126_PSSQE5 ☐ weeks G126_PSSQE = 1

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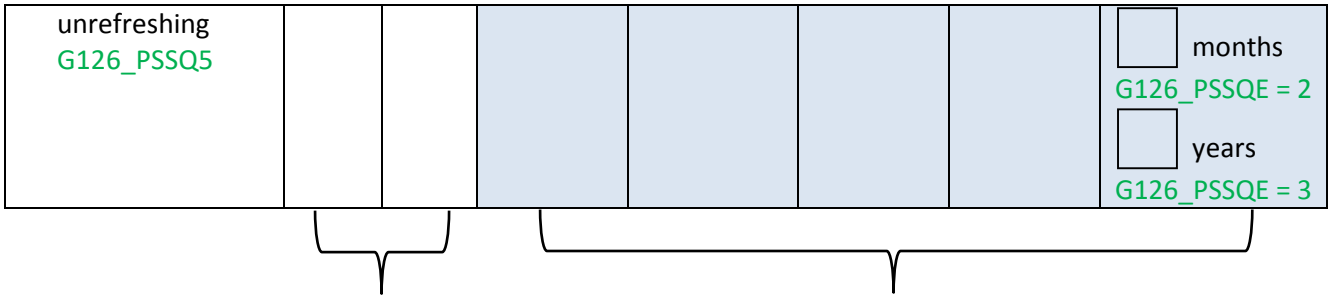

If you checked "never", or "do not know' for **all these symptoms,** YOU MAY STOP answering this question and go to Q13

If you checked "rarely" to "always" for **any of these symptoms** please continue with questions 9.6 to 9.13

Instructions: If you have experienced **any** sleep symptoms **during the past month** please circle the appropriate number to let us know how your sleep is affecting your daily life

During the past month	Not all = 0	A little bit = 1	Moderately = 2	Quite a bit = 3	Extremely = 4
PSSQ_I Q6 9.6 How much do your sleep problems bother you? G126_PSSQ6	☐	☐	☐	☐	☐
PSSQ_I Q7 9.7 Have your sleep difficulties affected your work? G126_PSSQ7	☐	☐	☐	☐	☐
PSSQ_I Q8 9.8 Have your sleep difficulties affected your social life? G126_PSSQ8	☐	☐	☐	☐	☐
PSSQ_I Q9 9.9Have your sleep difficulties affected other important parts of your life? G126_PSSQ9	☐	☐	☐	☐	☐
PSSQ_I Q10 9.10 Have your sleep difficulties made you feel irritable? G126_PSSQ10	☐	☐	☐	☐	☐
PSSQ_I Q11 9.11 Have your sleep problems caused you to have trouble concentrating? G126_PSSQ11	☐	☐	☐	☐	☐
PSSQ_I Q12 9.12 Have your sleep difficulties made you feel fatigued? G126_PSSQ12	☐	☐	☐	☐	☐
PSSQ_I Q13 9.13 How sleepy do you feel during the day? G126_PSSQ13	☐	☐	☐	☐	☐

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13. These questions relate to your general mood and well being

(Please circle the corresponding number)

GAD-7 **Over the *last 2 weeks*, how often have you been bothered by the following problems?**	**Not at all** = 0	**Several days** = 1	**More than half the days** =2	**Nearly every day** =3
GAD-7 Q1 (1) Feeling nervous, anxious or on edge G126_GAD1	0	1	2	3
GAD-7 Q2 (2) Not being able to stop or control worrying G126_GAD2	0	1	2	3
GAD-7 Q3 (3) Worrying too much about different things G126_GAD3	0	1	2	3
GAD-7 Q4 (4) Trouble relaxing G126_GAD4	0	1	2	3
GAD-7 Q5 (5) Being so restless that it is hard to sit still G126_GAD5	0	1	2	3
GAD-7 Q6 (6) Becoming easily annoyed or irritable G126_GAD6	0	1	2	3
GAD-7 Q7 (7) Feeling afraid as if something awful might happen G126_GAD7	0	1	2	3

GAD-7 If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people? G126_GAD8

☐Not difficult at all = 0 ☐somewhat difficult = 1 ☐very difficult =2 ☐extremely difficult =3

PHQ-9 Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?	**Not at all** = 0	**Several days** = 1	**More than half the days** = 2	**Nearly every day** = 3
PHQ-9 Q1 (1) Little interest or pleasure in doing things G126_PH1	0	1	2	3
PHQ-9 Q2 (2) Feeling down, depressed, or hopeless G126_PH2	0	1	2	3
PHQ-9 Q3 (3) Trouble falling or staying asleep, or sleeping too much G126_PH3	0	1	2	3
PHQ-9 Q4 (4) Feeling tired or having little energy G126_PH4	0	1	2	3
PHQ-9 Q5 (5) Poor appetite or overeating G126_PH5	0	1	2	3
PHQ-9 Q6 (6) Feeling bad about yourself — or that you are a failure or have let yourself or your family down G126_PH6	0	1	2	3

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PHQ-9 Q7 (7) Trouble concentrating on things, such as reading the newspaper or watching television G126_PH7	0	1	2	3
PHQ-9 Q8 (8) Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual G126_PH8	0	1	2	3
PHQ-9 Q9 (9) Thoughts that you would be better off dead or of hurting yourself in some way G126_PH9	0	1	2	3

PHQ-9 If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people? G126_PH10

☐Not difficult at all ☐somewhat difficult ☐very difficult ☐extremely difficult

END OF QUESTIONNAIRE – THANK YOU