1.

If you are under 18, please STOP and do not complete this survey. At this time we are only looking for participants who are age 18 and over.

1. How old are you?

2. Have you taken opioid/narcotic pain medications for longer then 6 months? (opioid/narcotic pain medications include but are not limited to: morphine (MS Contin), fentanyl (Sublimaze), hydromorphone (dilaudid), codiene, oxycodone (oxycontin, percocet), hydrocodone (norco, vicodin), methadone (Methadose, Dolophine), meperidine (Demerol)

- ☐ Yes
- ☐ No

Please select which opioid/narcotic pain medication(s) you have taken for greater then six months.

- ☐ morphine (MS Contin),
- ☐ fentanyl (Sublimaze),
- ☐ hydromorphone (dilaudid),
- ☐ codiene,
- ☐ oxycodone (oxycontin, percocet),
- ☐ hydrocodone (norco, vicodin),
- ☐ methadone (Methadose, Dolophine),
- ☐ meperidine (Demerol)
- ☐ other _____________ (please write in)

3. On average, how many hours do you sleep in a typical night on the weekdays?

- ☐ Less than 6 hours
- ☐ 6 to 7 hours
- ☐ 7 to 8 hours
- ☐ More than 8 hours

4. On average, how many hours do you sleep in a typical night on the weekend/days off?

- ☐ Less than 6 hours
- ☐ 6 to 7 hours
- ☐ 7 to 8 hours
- ☐ More than 8 hours

5. Does it take you typically 30 minutes or more to fall asleep?

- ☐ Yes
- ☐ No

6. How many times do you awaken on a typical night?

7. Check typical causes for you to awaken at night? (Check all that apply)

- ☐ Snoring
- ☐ Nightmare
- ☐ Night Sweats
- ☐ Pain
- ☐ Worry
- ☐ Headache
- ☐ Urinary Frequency
- ☐ Thirst/Hunger
- ☐ Heartburn/Reflux
- ☐ Noise
- ☐ Choking/Gasping
- ☐ Bed Partner/Child/Pet
- ☐ Other______________
- ☐ I do not awaken at night

8. Have you been prescribed a medication to help you fall or stay asleep in the past six months, such as: (Check all that apply)

- ☐ Ativan (Lorazapam)
- ☐ Valium (Diazepam)
- ☐ Klonopin (Clonazepam)
- ☐ Restoril (Temazepam)
- ☐ Ambien (Zolpidem)
- ☐ Lunesta (Eszopicione)
- ☐ Sonata (Zaleplon)
- ☐ Rozerem (Ramelteon)
- ☐ Desyrel (Trazadone)
- ☐ Doxepin (Silenor)
- ☐ Melatonin
- ☐ Other ___________
- ☐ No

9. Have you ever been diagnosed by a health care provider or received treatment for any of the following conditions? (Check all that apply)

- ☐ High Blood Pressure
- ☐ Gastro-Esophageal Reflux Disease
- ☐ Heart Attack
- ☐ Congestive Heart Failure
- ☐ Atrial Fibrillation
- ☐ Stroke
- ☐ Diabetes
- ☐ High Cholesterol
- ☐ Depression
- ☐ Anxiety
- ☐ Pulmonary Hypertension
- ☐ COPD/Emphysema
- ☐ Obstructive Sleep Apnea
- ☐ Insomnia
- ☐ Narcolepsy
- ☐ None of the above

2. STOP-BANG Questionairre

1. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

- ○ Yes
- ○ No
- ○ Not Sure

2. Do you often feel tired, fatigued, or sleepy during daytime?

- ☐ Yes
- ☐ No

3. Has anyone observed you stop breathing during your sleep?

- ☐ Yes
- ☐ No
- ☐ Not Sure

4. Do you have or are you being treated for high blood pressure?

- ☐ Yes
- ☐ No

5. How tall are you?

6. How much do you weigh?

7. Are you over 50 years old?

- ☐ Yes
- ☐ No

8. What is your neck circumference?

9. Are you a male?

- ☐ Yes
- ☐ No

3. Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? Even if you have not done some of these things recently, try and imagine how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:
0= Would never doze
1= Slight chance of dozing
2= Moderate chance of dozing
3= High chance of dozing

How likely are you to doze off while sitting and reading?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3

How likely are you to doze off while watching TV?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3

How likely are you to doze off sitting inactive in a public place (e.g. theater)?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3

How likely are you to doze off as a car passenger for an hour without a break?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3

How likely are you to doze off when sitting and talking to someone?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3

How likely are you to doze off sitting quietly after lunch without alcohol?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3

How likely are you to doze off in a car, while stopping for a few minutes in traffic?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3

4.

1. Do you know what sleep apnea is?

- ☐ Yes
- ☐ No

2. Has a physician ever discussed with you your risk of sleep apnea?

- ☐ youYes
- ☐ No

3. Have you ever been tested for sleep apnea?

- ☐ Yes
- ☐ No

4. Have you ever undergone a sleep study (polysomnogram)

- ☐ Yes
- ☐ No

5. Have you ever been diagnosed with sleep apnea

- ☐ Yes
- ☐ No

6. Have you ever been treated with Positive Airway Pressure such as CPAP or BiPAP?

- ☐ Yes
- ☐ No