On-Line APPENDIX

Sleep Questionnaire used in the study: Data from an Epidemiological Study on the Insulin resistance syndrome (D.E.S.I.R.)

- How many hours do you sleep when you are working? □□□
  when you are not working? □□□

- Has someone said to you that you stop breathing during your sleep? □ yes □ no
  If yes, how often does this happen
  □ rarely □ often □ almost every night

- Do you usually have an agitated sleep? □ yes □ no

- Do you have difficulty waking up in the morning? □ yes □ no
  If yes, how often does this happen
  □ rarely □ often □ almost every night

- Are you troubled by an unexplained chronic tiredness? □ yes □ no

- Do you sometimes wake with a headache? □ yes □ no

- Do you wake frequently during the night? □ yes □ no

- Do you snore during the night? □ do not know □ yes □ no
  If yes, how often?
  □ almost always (6 to 7 nights a week) □ often (4 to 5 nights per week)
  □ sometimes (2 to 3 nights per week) □ rarely (one night per week or less)
  □ I do not know
  At what age did someone say you snored, or you realized yourself that you snored? □□□
  Do you have a separate bedroom because of your snoring? □ yes □ no

- Are you troubled by sleepiness during the day? (you would like to sleep or you fight to remain awake) □ yes □ no
  If yes, how often does this happen
  □ rarely □ often □ almost every night
  For how many years have you had this problem of sleeping? □□□

- Imagine that you are in one of the following situations, and 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

  □ Sitting and reading
  □ Watching TV
  □ Sitting inactive in a public place (e.g. a theatre, a meeting)
  □ As a passenger in a car for an hour without a break
  □ Lying down to rest in the afternoon when circumstances permit
  □ Sitting and talking to someone
  □ Sitting quietly after lunch without alcohol
  □ In a car, while stopped for a few minutes in the traffic.