

## 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 p(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.