

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.