**(Date)**

**‘Understanding Sleep Among Older People’**

**A Questionnaire**

The University of Surrey is currently conducting a major research project on older people’s sleep in the UK. We want to find out about the factors that influence the quality of sleep among older people so we are asking a sample of men and women over the age of 60 to tell us about their sleep. You have received this questionnaire from your GP practice, but we have not been given your name and address. Your views and experiences are extremely important to us and by participating in this research you will help us gain a better understanding of sleep among older people. Therefore we should be very grateful if you were able to help us by completing the consent form and questionnaire, and returning them in the enclosed post-paid envelope.

Any information you supply will be kept strictly confidential in accordance with the Data Protection Act 1998, and your name and address will not be disclosed outside the research team. There will be no medical risk or medical benefit from participating in this study and you are free to choose not to take part. However, we would very much value your contribution and hope that you will be able to complete this questionnaire.

If you have any questions about the study or the questionnaire please do feel free to contact either myself (Sue Venn), or the Chief Investigator (Professor Sara Arber). Thank you for taking the time to read this letter, and we look forward to receiving your questionnaire.

Yours sincerely

## Sue Venn (Researcher) Professor Sara Arber (Chief Investigator)

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# Understanding sleep among older people

## Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Are you male or female?  *(Please circle one number)* | Male  Female | 1  2 |
| 2. | How old were you last birthday?  *(Please write your age in the box)* |  | |
| 3. | What is your marital status?  *(Please circle one number only)* | Married  Living with a partner (not married)  Separated or divorced  Widowed  Never married | 1  2  3  4  5 |
| 4. | How many children have you ever had?  *(Please circle one number only)* | None  One  Two  Three  Four or more | 0  1  2  3  4 |
| 5. | Are you currently in paid employment?  *(Please circle one number only)* | Yes, full time  Yes, part-time  No | 1  2  3 |
| 6. | What is/was your job title?  *(If you have/have had more than one job, please give the title of your main job below)*  ………………………………………………………………………………………… | | |
| 7. | If you are currently not in full-time paid employment, what age were you when you last worked full-time?  *(Please indicate in the box)* |  |  |
| 8. | Do you have health problems, eg high blood pressure, diabetes, arthritis etc  *(Please indicate below)*  ………………………………………………………………………………………… | | |

**Pittsburgh Sleep Quality Index (PSQI)**

**Instructions:** *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. For questions 5-9 please place a tick in the appropriate column.*

**During the past month:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. What time did you usually go to bed? | | | |  | | |
| 2. How long (in minutes) has it taken you to fall asleep each night? | | | |  | | |
| 3. What time did you usually get up in the morning? | | | |  | | |
| 4. How many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed) | | | |  | | |
|  | | | | | | |
| 5. During the past month, how often have you had trouble sleeping because you…… | | Not during the past month | Less than once a week | | Once or twice a week | Three or more times a week |
| a. | Cannot get to sleep within 30 minutes |  |  | |  |  |
| b. | Wake up in the middle of the night or early morning |  |  | |  |  |
| c. | Have to get up to use the bathroom |  |  | |  |  |
| d. | Cannot breathe comfortably |  |  | |  |  |
| E | Cough or snore loudly |  |  | |  |  |
| F | Feel too cold |  |  | |  |  |
| G | Feel too hot |  |  | |  |  |
| H | Have bad dreams |  |  | |  |  |
| I | Have pain |  |  | |  |  |
| J | Other reason(s) |  |  | |  |  |
| 6. During the past month, how often have you taken medicine (prescribed or ‘over the counter’) to help you sleep? | |  |  | |  |  |
| 7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? | |  |  | |  |  |
| 8. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done? | |  |  | |  |  |
|  | | Very good | Fairly good | | Fairly bad | Very bad |
| 9. During the past month, how would you rate your sleep quality overall? | |  |  | |  |  |

**STUDY TITLE: Understanding Sleep Among Older People**

**Consent Form and Questionnaire**

Please fill in this questionnaire by following the instructions given for each question. It will take you no more than 10 minutes. If you’re unsure about how to answer a question, please give the answer that best reflects the way you feel. The information you give will remain anonymous and will be strictly confidential. If you have any queries about the research or the questionnaire please contact either the researcher, Sue Venn by phone on (01483) 683966 or by email at [s.venn@surrey.ac.uk](mailto:s.venn@surrey.ac.uk), or the project Chief Investigator, Sara Arber (01483 686973, [s.arber@surrey.ac.uk](mailto:s.arber@surrey.ac.uk) ). When you have completed the questionnaire, please return it in the pre-paid envelope provided (no stamp is required).

Please sign below to indicate that you agree to take part in this study and complete the attached questionnaire. If you would like to be considered for taking part in further studies about sleep, please provide your contact details below.

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I consent to completing this questionnaire:

Name (*in block capitals)*: ……………………………………………………

Signature: ……………………………………………………..……………..

Date: ……………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to being considered for further YES NO

studies and give my contact details below

Name: ………………………………………………………………………..

Address: ……………………………………………………………………..

…………………………………………………………………………….....

……………………………………………………………………………….

Postcode: ………………………… Telephone Number:……………….....

Email (*if applicable*): …………………………