Appendix: Medical Outcomes Study (MOS) Sleep measure

MOS Sleep measure (11 of 12 items)									
Sleep disturbance Initiation (2-items)									
	0-15 mins	16- 30 mins	31-45 mins	46-60 mins	More than 60 mins	-			
How long did it usually take for you to fall asleep during the past 4 weeks?	1	2	3	4	5				
	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
How often during the past 4 weeks did you have trouble falling asleep?	1	2	3	4	5	6			

Sleep disturbance Maintenance (2-items)								
	All of	Most	A good	Some	A little	None		
	the	of	bit of	of the	of the	of		
	time	the	the	time	time	the		
		time	time			time		
How often during the past 4 weeks did you feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc, while sleeping)?	1	2	3	4	5	6		
How often during the past 4 weeks did you awaken during your sleep time and have trouble falling asleep again?	1	2	3	4	5	6		

Snoring (1-item)								
	All of	Most	A good	Some	A little	None		
	the	of	bit of	of the	of the	of		
	time	the	the	time	time	the		
		time	time			time		
How often during the past 4 weeks did you snore during your sleep?	1	2	3	4	5	6		

Awakening short of breath or with headache (1-item)								
	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
How often during the past 4 weeks did you awaken short of breath or with a headache?	1	2	3	4	5	6		

Sleep inadequacy (2-items)								
	All of	Most	A good	Some	A little	None		
	the	of	bit of	of the	of the	of		
	time	the	the	time	time	the		
		time	time			time		
How often during the past 4 weeks did								
you get enough sleep to feel rested	1	2	3	4	5	6		
upon waking in the morning?								
How often during the past 4 weeks did	1	2	3	4	5	6		
you get the amount of sleep you								
needed?								

Daytime somnolence (3-items)								
	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
How often during the past 4 weeks did you feel drowsy or sleepy during the day?	1	2	3	4	5	6		
How often during the past 4 weeks did you have trouble staying awake durng the day?	1	2	3	4	5	6		
How often during the past 4 weeks did you take naps (5 minutes or longer) during the day?	1	2	3	4	5	6		