Questionnaire

SASKIA

Shift work, sleep disturbances and cognitive impairment in later life

Study coordinator:

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GENERAL INFORMATION

First, we would like to ask for general information regarding your person.

1  What is your birth date?
   D__ M__ Y__
   Day  Month  Year

2  Are you male or female?
   Male ..............................................................................
   Female ...........................................................................

3  Which is your birth country?

_______________________________________________________________________

4  What is your marital status?
   Single ..............................................................................
   Married/living in partnership ...........................................
   Divorced ...........................................................................
   Widowed ...........................................................................

5  What is your highest educational qualification?
   Secondary modern school qualification  ......................
   High-school diploma ....................................................
   University of applied sciences entrance qualification ....
   A level / Advanced Vocational Certificate of Education
   University degree ..........................................................
   No qualification ...........................................................
   Other, .............................................................................
   which one?

_______________________________________________________________________
6 **What is your highest educational qualification of your current / last partner?**

- Secondary modern school qualification
- High-school diploma
- University of applied sciences entrance qualification
- A level / Advanced Vocational Certificate of Education
- University degree
- No qualification
- Other, which one?

7 **What is your highest occupational training?**

- Professional school
- Vocational/apprenticeship
- University degree
- No degree
- Other, which one?

8 **What is your current occupation?**

- Full-time
- Part-time
- Pensioner
- Other, which one?
9 Did you ever smoke for at least one year?
„Yes“ means at least 20 packs of cigarettes or 360g of tobacco in your life or one cigarette per day or one cigar per week for one year

No...........................................................................................................☐ Please go to question 11
Yes.........................................................................................................☐

10 Did you smoke within the last month?

No...........................................................................................................☐
Yes.........................................................................................................☐

11 How much beer, wine or liquor did you drink during the last weekend, i.e. on Saturday and Sunday?

Beer (with an accuracy of 0,5 l) ___ l ___ l ___ l liters
Wine (with an accuracy of 0,2 l) ___ l ___ l ___ l liters
Liquor (Number of glasses of 0,02 l) ___ l ___ l glasses

12 How much beer, wine or liquor did you drink during the last weekday?

Beer (with an accuracy of 0,5 l) ___ l ___ l ___ l liters
Wine (with an accuracy of 0,2 l) ___ l ___ l ___ l liters
Liquor (Number of glasses of 0,02 l) ___ l ___ l glasses

13 How oft do you exercise, so that you sweat or get out of breath? Please tick only one box!

Never ...............................................................................................☐
Less than once per month .................................................................☐
Once per month ..................................................................................☐
Once per week ....................................................................................☐
2 – 3 times per week ...........................................................................☐
4 – 6 times per week ...........................................................................☐
Every day ..................................................................................................☐

14 What is your current weight?

___ l ___ l ___ l ___ l kg

15 What is your current height?

___ l ___ l ___ l m
HEALTH

Now we would like to ask you some questions regarding your health. If you are not sure how to answer one of the questions, please indicate “no”.

16 Did you ever suffer from one of the following diseases or conditions?

16.1 **Neurologic conditions such as migraine or epilepsy**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>If yes, which ones?</td>
<td></td>
</tr>
</tbody>
</table>

16.2 **Cancer**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>If yes, which ones?</td>
<td></td>
</tr>
</tbody>
</table>

16.3 **Psychiatric diseases such as depression or anxiety disorder**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>If yes, which ones?</td>
<td></td>
</tr>
</tbody>
</table>

16.4 **Neurodegenerative diseases such as Alzheimer’s, Parkinson’s or ALS**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>If yes, which ones?</td>
<td></td>
</tr>
</tbody>
</table>
16.5 Problems in the hormonal and endocrine systems such as thyroid disease (hyperthyroidism/hypothyroidism), diabetes, etc.

No ........................................................................... ☐
Yes........................................................................... ☐
If yes, which ones?

_______________________________________________________________________

16.6 Genetic syndromes (Neurofibromatosis, Turcot syndrome, etc.) or congenital malformations

No........................................................................... ☐
Yes........................................................................... ☐
If yes, which ones?

_______________________________________________________________________

16.7 Allergies or asthma

No........................................................................... ☐
Yes........................................................................... ☐
If yes, which ones?

_______________________________________________________________________

16.8 Sleep disturbances (difficulty to fall asleep, difficulty to sleep through, early awakening, sleep apnoea, etc.)

No........................................................................... ☐
Yes........................................................................... ☐
If yes, which ones?

_______________________________________________________________________

16.9 Other major diseases or conditions

No........................................................................... ☐
Yes........................................................................... ☐
If yes, which ones?

_______________________________________________________________________
**SLEEPING BEHAVIOUR**

We would now like to ask you about your **current sleeping behaviour on free days** and your sleeping behavior on free days **when you were 40 and 30 years old**.

Please complete the following for each of those three time points.

<table>
<thead>
<tr>
<th>17.1 to 17.9</th>
<th>Currently</th>
<th>With 40 years</th>
<th>With 30 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>I go to bed at</td>
<td><em><strong>:</strong></em></td>
<td><em><strong>:</strong></em></td>
<td><em><strong>:</strong></em></td>
</tr>
<tr>
<td>Time</td>
<td>Time</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>Note that some people stay awake for some time when in bed!</td>
<td><em><strong>:</strong></em></td>
<td><em><strong>:</strong></em></td>
<td><em><strong>:</strong></em></td>
</tr>
<tr>
<td>Time</td>
<td>Time</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>I actually get ready to fall asleep at</td>
<td><em><strong>:</strong></em></td>
<td><em><strong>:</strong></em></td>
<td><em><strong>:</strong></em></td>
</tr>
<tr>
<td>Time</td>
<td>Time</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>I need _______ minutes to fall asleep.</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
<td></td>
</tr>
<tr>
<td>I wake up at</td>
<td><em><strong>:</strong></em></td>
<td><em><strong>:</strong></em></td>
<td><em><strong>:</strong></em></td>
</tr>
<tr>
<td>Time</td>
<td>Time</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>I wake up with/without an alarm clock.</td>
<td>☐ With alarm</td>
<td>☐ With alarm</td>
<td>☐ With alarm</td>
</tr>
<tr>
<td>☐ Without alarm</td>
<td>☐ Without alarm</td>
<td>☐ Without alarm</td>
<td></td>
</tr>
<tr>
<td>After _______ minutes I get up.</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
<td></td>
</tr>
<tr>
<td>Once in a while I take a nap during the day</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>If yes: I take the nap from <em><strong>:</strong></em> to <em><strong>:</strong></em></td>
<td>From <em><strong>:</strong></em> to <em><strong>:</strong></em></td>
<td>From <em><strong>:</strong></em> to <em><strong>:</strong></em></td>
<td>From <em><strong>:</strong></em> to <em><strong>:</strong></em></td>
</tr>
<tr>
<td>Often one hears about “morning-types” and “evening-types.” Which one of these types do you consider yourself to be?</td>
<td>☐ Definitive morning-type</td>
<td>☐ Definitive morning-type</td>
<td>☐ Definitive morning-type</td>
</tr>
<tr>
<td>☐ Rather morning-type</td>
<td>☐ Rather morning-type</td>
<td>☐ Rather morning-type</td>
<td></td>
</tr>
<tr>
<td>☐ Rather evening-type</td>
<td>☐ Rather evening-type</td>
<td>☐ Rather evening-type</td>
<td></td>
</tr>
<tr>
<td>☐ Definitive evening-type</td>
<td>☐ Definitive evening-type</td>
<td>☐ Definitive evening-type</td>
<td></td>
</tr>
</tbody>
</table>
OCCUPATIONAL HISTORY

Now we would like to ask for all main occupations that you had so far. With main occupation we mean all jobs with which you spent the most of your time. Please consider all occupations that you carried out for at least 12 months. Please start with your current/last occupation.

18 First (=current/last) job

18.1 Start date: |__|__|__|__|/|__|__|
Year Month

End date: |__|__|__|__|/|__|__|
Year Month
(if you still work in this job, please indicate the current date)

18.2 What is the name of the institution/company?

18.3 What is/was your task?

18.4 Do/Did you work full-time, part-time or occasionally in this job?
|1| Full-time
|2| Part-time
|3| Occasionally

18.5 Did this job include night shifts, i.e., shifts that included the time period between 00:00 am and 05:00 am?
No.................................................................☐ Please go to question 18.7
Yes.................................................................☐

18.6 If yes, how many night shifts do/did you work on average per month?
Number of night shifts:___________

18.7 Did this job include morning shifts, i.e., shifts that started before 07:00 am?
No.................................................................☐ Please go to question 19
Yes.................................................................☐

18.8 If yes, how many morning shifts do/did you work on average per month?
Number of morning shifts:___________
19 Second Job

19.1 Start date: |__|__|__|__/|__|__|
Year          Month

End date: |__|__|__|__/|__|__|
Year          Month
(if you still work in this job, please indicate the current date)

19.2 What is the name of the institution/company?

________________________________________________________________________

19.3 What is/was your task?

________________________________________________________________________

19.4 Did you work full-time, part-time or occasionally in this job?
   |1| Full-time
   |2| Part-time
   |3| Occasionally

19.5 Did this job include night shifts, i.e., shifts that included the time period between 00:00 am and 05:00 am?
   No...........................................................................................................☐ Please go to question 19.7
   Yes...........................................................................................................☐

19.6 If yes, how many night shifts do/did you work on average per month?
   Number of night shifts:___________

19.7 Did this job include morning shifts, i.e., shifts that started before 07:00 am?
   No...........................................................................................................☐ Please go to question 20
   Yes...........................................................................................................☐

19.8 If yes, how many morning shifts do/did you work on average per month?
   Number of morning shifts:___________
20. Third job

20.1 Start date: |___|___|___|___|/|___|___|
Year    Month
End date: |___|___|___|___|/|___|___|
Year    Month
(if you still work in this job, please indicate the current date)

20.2 What is the name of the institution/company?

________________________

20.3 What is/was your task?

________________________

20.4 Did you work full-time, part-time or occasionally in this job?
|1| Full-time
|2| Part-time
|3| Occasionally

20.5 Did this job include night shifts, i.e., shifts that included the time period between 00:00 am and 05:00 am?
No...........................................................................................................☐ Please go to question 20.7
Yes...........................................................................................................☐

20.6 If yes, how many night shifts do/did you work on average per month?
Number of night shifts:__________

20.7 Did this job include morning shifts, i.e., shifts that started before 07:00 am?
No...........................................................................................................☐ Please go to question 21
Yes...........................................................................................................☐

20.8 If yes, how many morning shifts do/did you work on average per month?
Number of morning shifts:__________
21 Fourth job

21.1 Start date: |__|__|__|__|/|__|__|
     Year   Month
End date: |__|__|__|__|/|__|__|
     Year   Month
(if you still work in this job, please indicate the current date)

21.2 What is the name of the institution/company?

______________________________________________________________________________

21.3 What is/was your task?

______________________________________________________________________________

21.4 Did you work full-time, part-time or occasionally in this job?
   [1] Full-time
   [2] Part-time
   [3] Occasionally

21.5 Did this job include night shifts, i.e., shifts that included the time period between 00:00 am and 05:00 am?
   No.................................................................☐ Please go to question 21.7
   Yes.................................................................☐

21.6 If yes, how many night shifts do/did you work on average per month?
   Number of night shifts:__________

21.7 Did this job include morning shifts, i.e., shifts that started before 07:00 am?
   No.................................................................☐ Please go to question 22
   Yes.................................................................☐

21.8 If yes, how many morning shifts do/did you work on average per month?
   Number of morning shifts:__________
22 Fifth job

22.1 Start date: |__|__|__|___|/|__|__|
                 Year       Month

   End date: |__|__|__|___|/|__|__|
              Year       Month
   (if you still work in this job, please indicate the current date)

22.2 What is the name of the institution/company?


22.3 What is/was your task?


22.4 Did you work full-time, part-time or occasionally in this job?
   |1| Full-time
   |2| Part-time
   |3| Occasionally

22.5 Did this job include night shifts, i.e., shifts that included the time period between 00:00 am and 05:00 am?
   No.................................................................☐ Please go to question 22.7
   Yes.................................................................☐

22.6 If yes, how many night shifts do/did you work on average per month?
   Number of night shifts:___________

22.7 Did this job include morning shifts, i.e., shifts that started before 07:00 am?
   No.................................................................☐ Please go to question 23
   Yes.................................................................☐

22.8 If yes, how many morning shifts do/did you work on average per month?
   Number of morning shifts:___________

If you had additional jobs, please indicate them on the last page of the questionnaire.
SHIFT WORK

Lastly, we would like to ask you for some information regarding your work in shift systems. Please consider all jobs that you ever had. If you are not sure how to answer one of the questions, please indicate “no”.

23 Did you ever work in shifts?
Working in shift means that start or end of the job were regularly outside usual working hours (from 07:00 am to 18:00 pm).

No........................................................................................................... □
Yes........................................................................................................... □

24 If yes, how many years did you work in shifts in total during your life?
(If less than 1 year please indicate 0)
Number of years:___________

25 How many years in total did you work in night shifts, i.e., shifts that include the time period between 00:00 am and 05:00 am?
(If less than 1 year please indicate 0)
Number of years:___________

26 How many years in total did you work solely in night shifts?
(i.e., no shifts but night shifts)
(If less than 1 year please indicate 0)
Number of years:___________

27 When was the last time that you worked in night shifts?
|__|__|__|__|
Year

28 How many years in total did you work in morning shifts, i.e., starting before 07:00 am?
(If less than 1 year please indicate 0)
Number of years:___________

29 How many years in total did you work solely in morning shifts?
(i.e., no shifts but morning shifts)
(If less than 1 year please indicate 0)
Number of years:___________
Thank you very much for your participation!

Do you have comments to this questionnaire?
We are happy to year your suggestions!