DONGOLA UNIVERSITY

Faculty of Medicine and Health Sciences — Department of Community Medicine

Research Study Questionnaire

Section 0

0.1 Are you currently employed at one of the four selected hospitals?

☐ Yes ☐ No

0.2 What is your professional cadre?

☐ Physician ☐ Pharmacist ☐ Nurse ☐ Laboratory technician ☐ Other: _____

0.3 Have you been employed at this hospital for at least six months?

☐ Yes ☐ No

0.4 Are you currently on annual, sick, or maternity leave during the data-collection period?

☐ Yes ☐ No

0.5 Have you previously been diagnosed with a sleep disorder unrelated to occupational shift work?

☐ Yes ☐ No ☐ Prefer not to answer

0.6 Do you consent to participate in this study after reading/hearing the study information?

☐ Yes ☐ No

Section A. Sociodemographic information

A1. Age (completed years):

_____ years

A2. Sex:

☐ Female ☐ Male ☐ Prefer not to answer

A3. Marital status:

☐ Single ☐ Married ☐ Divorced/separated ☐ Widowed

A4. Hospital:

☐ Dongola Specialized Hospital ☐ Military Hospital ☐ Police Hospital ☐ Maternity and Obstetrics Hospital

A5. Professional cadre:

☐ Physician ☐ Pharmacist ☐ Nurse ☐ Laboratory technician

A6. Main department/unit where you work:

☐ Emergency ☐ Inpatient ward ☐ ICU ☐ Operating theatre ☐ Maternity/obstetrics ☐ Laboratory ☐ Pharmacy ☐ Outpatient clinic ☐ Other: _____

A7. Total years of professional work experience:

_____ years

A8. Years working at the current hospital:

_____ years

Section B. Night-shift work exposure

Operational definition for this study: A night shift includes at least 3 hours of work between 22:00 and 06:00. A current night-shift worker is someone who worked at least one night shift during the previous month.

B1. During the previous month, did you work at least one night shift that included ≥3 hours between 22:00 and 06:00?

☐ Yes ☐ No

B2. During the previous month, approximately how many night shifts did you work?

☐ 0 ☐ 1–3 ☐ 4–7 ☐ 8–11 ☐ ≥12

B3. What is the usual duration of one night shift?

☐ <8 hours ☐ 8–11 hours ☐ 12 hours ☐ >12 hours ☐ Varies

B4. What is your usual work schedule?

☐ Day shifts only ☐ Night shifts only ☐ Rotating day and night shifts ☐ Irregular/other: _____

B5. For how many years in total have you worked night shifts?

☐ Never ☐ <1 year ☐ 1–2 years ☐ 3–5 years ☐ >5 years

B6. In the previous month, how many consecutive night shifts did you usually work before a rest/day off?

☐ Not applicable ☐ 1 ☐ 2–3 ☐ 4–5 ☐ >5

B7. After a night shift, how much time do you usually have before your next work shift?

☐ <11 hours ☐ 11–23 hours ☐ ≥24 hours ☐ Varies ☐ Not applicable

B8. Do you usually have a scheduled break or opportunity to rest during a night shift?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

Section C. Lifestyle factors

C1. During the previous month, how often did you consume caffeinated drinks (e.g., coffee, tea, energy drinks)?

☐ Never ☐ Less than weekly ☐ 1–3 days/week ☐ 4–6 days/week ☐ Daily

C2. On a day when you consume caffeinated drinks, how many servings do you usually have?

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ Not applicable

C3. Do you currently use khat?

☐ No ☐ Yes, occasionally ☐ Yes, weekly ☐ Yes, daily ☐ Prefer not to answer

C4. Do you currently use tobacco (smoking or smokeless tobacco)?

☐ No ☐ Yes, occasionally ☐ Yes, daily ☐ Prefer not to answer

C5. Do you currently consume alcohol?

☐ No ☐ Yes ☐ Prefer not to answer

C6. During a usual week, on how many days do you do moderate physical activity for at least 30 minutes?

☐ 0 days ☐ 1–2 days ☐ 3–4 days ☐ 5–7 days

C7. On average, how many hours do you sleep in a 24-hour period (including naps)?

☐ <5 hours ☐ 5–<6 hours ☐ 6–<7 hours ☐ 7–9 hours ☐ >9 hours

Section D: SF-12 Physical Well-Being

1. In general, would you say your health is:

☐1 Excellent ☐2 Very good ☐3 Good ☐4 Fair ☐5 Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Activity	Yes, limited a lot	Yes, limited a little	No, not limited at all
2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐1	☐2	☐3
3. Climbing several flights of stairs.	☐1	☐2	☐3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Problem	Yes	No
4. Accomplished less than you would like.	☐1	☐2
5. Were limited in the kind of work or other activities.	☐1	☐2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Problem	Yes	No
6. Accomplished less than you would like.	☐1	☐2
7. Did work or activities less carefully than usual.	☐1	☐2

8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

☐1 Not at all ☐2 A little bit ☐3 Moderately ☐4 Quite a bit ☐5 Extremely

These questions are about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…

Feeling	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
9. Have you felt calm & peaceful?	☐1	☐2	☐3	☐4	☐5	☐6
10. Did you have a lot of energy?	☐1	☐2	☐3	☐4	☐5	☐6
11. Have you felt down-hearted and blue?	☐1	☐2	☐3	☐4	☐5	☐6

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

☐1 All of the time ☐2 Most of the time ☐3 Some of the time ☐4 A little of the time ☐5 None of the time

Section E: PSQI Sleep Quality

1. During the past month, what time have you usually gone to bed at night?

BED TIME: _____

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

NUMBER OF MINUTES: _____

3. During the past month, what time have you usually gotten up in the morning?

GETTING UP TIME: _____

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

HOURS OF SLEEP PER NIGHT: _____

For each of the remaining questions, check the one best response. Please answer all questions.

5. During the past month, how often have you had trouble sleeping because you . . .

a) Cannot get to sleep within 30 minutes

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

b) Wake up in the middle of the night or early morning

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

c) Have to get up to use the bathroom

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

d) Cannot breathe comfortably

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

e) Cough or snore loudly

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

f) Feel too cold

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

g) Feel too hot

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

h) Had bad dreams

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

i) Have pain

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

j) Other reason(s), please describe: _____

How often during the past month have you had trouble sleeping because of this?

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

6. During the past month, how would you rate your sleep quality overall?

☐ Very good ☐ Fairly good ☐ Fairly bad ☐ Very bad

7. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

☐ No problem at all ☐ Only a very slight problem ☐ Somewhat of a problem ☐ A very big problem

10. Do you have a bed partner or room mate?

☐ No bed partner or room mate ☐ Partner/room mate in other room ☐ Partner in same room, but not same bed ☐ Partner in same bed

If you have a room mate or bed partner, ask him/her how often in the past month you have had . . .

a) Loud snoring

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

b) Long pauses between breaths while asleep

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

c) Legs twitching or jerking while you sleep

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

d) Episodes of disorientation or confusion during sleep

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

e) Other restlessness while you sleep; please describe: _____

☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week