



ARBEITSGRUPPE ARBEITS- UND  
UMWELTEPIDEMIOLOGIE & NET TEACHING  
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CAMPUS INNENSTADT



Study ID:

# Questionnaire

# SASKIA

**Shift work, sleep disturbances and  
cognitive impairment in later life**

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# GENERAL INFORMATION

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

## 1 What is your birth date?

|\_|\_|\_|.|\_|\_|.19|\_|\_|  
Day Month Year

## 2 Are you male or female?

Male ..... ☐

Female..... ☐

## 3 Which is your birth country?

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## 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?

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**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)      |\_\_|\_\_|, |\_\_| liters  
Wine ( with an accuracy of 0,2 l )      |\_\_|\_\_|, |\_\_| liters  
Liquor (Number of glasses of 0,02 l)    |\_\_|\_\_| glasses

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

Beer (with an accuracy of 0,5 l)      |\_\_|\_\_|, |\_\_| liters  
Wine ( with an accuracy of 0,2 l )      |\_\_|\_\_|, |\_\_| liters  
Liquor (Number of glasses of 0,02 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?**

|\_\_|\_\_|, |\_\_| kg

**15 What is your current height?**

|\_\_|, |\_\_|\_\_| m

# HEALTH

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

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

### 16.1 Neurologic conditions such as migraine or epilepsy

No..... ☐

Yes..... ☐

If yes, which ones?

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### 16.2 Cancer

No..... ☐

Yes..... ☐

If yes, which ones?

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

No..... ☐

Yes..... ☐

If yes, which ones?

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### 16.4 Neurodegenerative diseases such as Alzheimer's, Parkinson's or ALS

No..... ☐

Yes..... ☐

If yes, which ones?

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**16.5 Problems in the hormonal and endocrine systems such as thyroid disease (hyperthyroidism/hypothyroidism), diabetes, etc.**

No..... ☐

Yes..... ☐

If yes, which ones?

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

No..... ☐

Yes..... ☐

If yes, which ones?

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**16.7 Allergies or asthma**

No..... ☐

Yes..... ☐

If yes, which ones?

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

No..... ☐

Yes..... ☐

If yes, which ones?

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**16.9 Other major diseases or conditions**

No..... ☐

Yes..... ☐

If yes, which ones?

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# 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.

17.1 to 17.9	Currently	With 40 years	With 30 years
I go to bed at  _ _ : _ _  o'clock.	_ _ : _ _  Time	_ _ : _ _  Time	_ _ : _ _  Time
Note that some people stay awake for some time when in bed!  I actually get ready to fall asleep at  _ _ : _ _  o'clock.	_ _ : _ _  Time	_ _ : _ _  Time	_ _ : _ _  Time
I need _____minutes to fall asleep.	_____ Minutes	_____ Minutes	_____ Minutes
I wake up at  _ _ : _ _  o'clock.	_ _ : _ _  Time	_ _ : _ _  Time	_ _ : _ _  Time
I wake up with/without an alarm clock.	<input type="checkbox"/> With alarm <input type="checkbox"/> Without alarm	<input type="checkbox"/> With alarm <input type="checkbox"/> Without alarm	<input type="checkbox"/> With alarm <input type="checkbox"/> Without alarm
After _____minutes I get up.	_____ Minutes	_____ Minutes	_____ Minutes
Once in a while I take a nap during the day	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: I take the nap from  _ _ : _ _  to  _ _ : _ _  o'clock.	From  _ _ : _ _  to  _ _ : _ _	From  _ _ : _ _  to  _ _ : _ _	From  _ _ : _ _  to  _ _ : _ _
Often one hears about "morning-types" and "evening-types." Which one of these types do you consider yourself to be?	<input type="checkbox"/> Definitive morning-type <input type="checkbox"/> Rather morning-type <input type="checkbox"/> Rather evening-type <input type="checkbox"/> Definitive evening-type	<input type="checkbox"/> Definitive morning-type <input type="checkbox"/> Rather morning-type <input type="checkbox"/> Rather evening-type <input type="checkbox"/> Definitive evening-type	<input type="checkbox"/> Definitive morning-type <input type="checkbox"/> Rather morning-type <input type="checkbox"/> Rather evening-type <input type="checkbox"/> Definitive evening-type

# 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?

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18.3 What is/was your task?

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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?

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19.3 What is/was your task?

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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?

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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?

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21.3 What is/was your task?

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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?

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22.3 What is/was your task?

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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 bevor 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:\_\_\_\_\_

**30 When was the last time that you worked in morning shifts?**

|\_|\_|\_|\_|  
Year

**Thank you very much for your participation!**

**Do you have comments to this questionnaire?**

**We are happy to year your suggestions!**

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