

SLEEP LAB

MORNING QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. How long did it take you to fall asleep last night? \_\_\_\_\_ hr \_\_\_\_\_ min.
2. How does this compare with the length of time it usually takes you to fall asleep at home? (circle one)

much longer than usual      longer than usual      same as usual      shorter than usual      much shorter than usual

3. How long do you feel you slept last night? \_\_\_\_\_ hr \_\_\_\_\_ min.
4. How does this compare with the length of time you usually sleep at home? (circle one)

much longer than usual      longer than usual      same as usual      shorter than usual      much shorter than usual

5. How many times do you remember waking up last night? \_\_\_\_\_

6. How do you feel right now? (circle one)

Alert and Awake      Sleepy      Too Sleepy to get up

7. In general, how would you say your sleep last night compared with your usual sleep at home? (circle one)

much worse than usual      worse than usual      same as usual      better than usual      much better than usual

COMMENTS:

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TECHNICIAN INITIALS: \_\_\_\_\_