

ID# _____

Date: _____

(TABLE: Measurements)**AM Sleep Evaluation**

1. How well did you sleep last night? (Please check one) (a_eval_slept)

__1__ much worse than usual

__2__ somewhat worse than usual

__3__ as well as usual

__4__ a little better than usual

__5__ much better than usual

2a. About how many total hours of sleep do you feel you got last night?

__total_hours_sleep__ NEW 7/18/2012

2b. About how many hours of restful sleep do you feel you got last night? _____ hours

(a_eval_hour)

3. Finally, we would like you to rate how sleepy you feel right now, just as you did last night before sleep. The scale ranges to 7, with 7 being the most sleepy. Please read the entire scale below and then check the level that *best describes your current state of sleepiness*.

(a_eval_sleep)

1 ___ feeling active and vital; alert; wide awake

2 ___ could function at a high level; but not quite at peak, able to concentrate

3 ___ relaxed; awake; responsive; but not at full alertness

4 ___ a little foggy; not a peak; let down

5 ___ fogginess; beginning to lose interest in staying awake; slowed down

6 ___ sleepiness; prefer to be lying down; fighting sleep; woozy

7 ___ almost in reverie; sleep onset soon; losing struggle to remain awake

Sleep technician: _____