

ID# _____

Date: _____

AM Sleep Evaluation

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

 much worse than usual somewhat worse than usual as well as usual a little better than usual much better than usual

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

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*.

1 feeling active and vital; alert; wide awake2 could function at a high level; but not quite at peak, able to concentrate3 relaxed; awake; responsive; but not at full alertness4 a little foggy; not a peak; let down5 fogginess; beginning to lose interest in staying awake; slowed down6 sleepiness; prefer to be lying down; fighting sleep; woozy7 almost in reverie; sleep onset soon; losing struggle to remain awake

Sleep technician: _____