

ID# \_\_\_\_\_

**(TABLE: Measurements)**

Date: \_\_\_\_\_

**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 from 1 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: \_\_\_\_\_