

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 from 1 to 7, with 7 being the most sleepy. Please read the entire scale below and then check the level that *best describes* current state of sleepiness.

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: _____