

SCOR SLEEP RESEARCH LABORATORY

MULTIPLE SLEEP LATENCY TEST

QUESTIONNAIRE

ID# C9205-2

TIME OF ARRIVAL @UWHC _____

DATE _____

TIME OF DEPARTURE _____

TECH _____

1) At what time did you go to sleep and wake up over the last two days?

Last night: _____ (BT1) This morning: _____ (WT1)

Night before last: _____ (BT1) Yesterday morning: _____ (WT1)

2) Was your nights sleep as usual?

Last Night (SLQ1)

Night Before Last (SLPQ2)

a. _____ Much better

a. _____ Much better

b. _____ A little better

b. _____ A little better

c. _____ As usual

c. _____ As usual

d. _____ A little worse

d. _____ A little worse

e. _____ Much worse

e. _____ Much worse

3) Are you feeling any discomfort today? _____ Yes _____ No

4) Did you have any coffee or other stimulants this a.m.? _____ Yes _____ No

5) Will you be able to go until 4:00 p.m. today without having any coffee or drinks containing caffeine and/or without smoking cigarettes 1/2 hour before each nap? _____ Yes _____ No