Family In-Lab Post Sleep Study

Patient ID _____

(To be orally administered)

Lab Study Date ___/___/___

`visitld`

Post-Sleep Questionnaire:

1.   How long after bedtime (lights out) did you fall asleep? _____
     Compared to usual, was this _____ longer (1)   # of mins `lminslp`
     `minslpco`   _____ same (2)
                           _____ shorter (3)

2.   Did you wake up during the night? (no=0 or yes=1)_____
`wakent`   IF YES: How many times did you wake up? _____ `wakman`
                Compared to usual, was this _____ more (1)
                `wakmanco`   _____ same (2)
                                      _____ less (3)
3.   Did you have difficulty falling back to sleep? _____no (0)   _____yes (1)
`difbak`   If yes, why?_____ `difbakw`

4.   How much total time did you spend awake after falling asleep for the night? ____ ____
     Compared to usual, was this _____ longer (1)   hrs.   min.
     `totawco`   _____ same (2)   `totawh` `totawm`
                          _____ shorter (3)

5.   How many hours did you sleep last night?   _____hrs.   _____mins.
     Compared to usual, this was _____ longer   `slpth`   `slptm`
     `slptco`   _____ same
                         _____ shorter

6.   How would you describe your sleep last night? (pick one)
`desslp`   1) Excellent   3) Fair
                2) Very good   4) Poor

7.   What position did you sleep in most of the night?
`slppos`   0) Mostly on back   2) Both back and side   4) All positions
                1) Mostly on side   3) Mostly on stomach   5) Not sure

8.   How easy was it for you to fall asleep last night? (Circle the number that best describes)
`easlp`
       1--------------2--------------3--------------4--------------5--------------6
     Very Easy   Not at all Easy

9.   Did anything unusual happen to disturb your sleep last night? _____no(0) _____yes(1)
`unuslp` If yes, what?_____
          `unuslpw`

10.   How would you rate the overall quality of your sleep last night? (Circle the number that best describes)
`slpqua`
       1--------------2--------------3--------------4--------------5--------------6
     Extremely Refreshing   Not Refreshing

Rev 7/11/01Post-sleep diary form.doc

11. Do you feel sleepy this morning? (Circle the number that best describes)
`flspy`

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1--------------2--------------3--------------4--------------5--------------6
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Not at all sleepy   Very Sleepy

12. How would you describe your ability to concentrate this morning? (Circle the number that best
`lconcent` describes)

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1--------------2--------------3--------------4--------------5--------------6
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Able to Concentrate   Very hard to
          Well   Concentrate