



PSG Morning Survey

Office Use Only--

MrOS ID#

Acrostic

Staff ID#

Date of PSG: / /

① What time did you go to bed (lay down and turn off the lights) last night? **POXBEDTM** : A.M. P.M.

② What time did you wake up today? **POXWKTM** : A.M. P.M.

③ How much time do you think you actually slept last night? hours minutes **POXSLPMN**

④ What time did you collect your urine? : A.M. P.M. **POXURITM**

⑤ Rate the quality of your sleep last night. Do not compare to usual sleep quality. My sleep last night was (mark a number for each)...

POXQUAL1 a. LIGHT 1 2 3 4 5 DEEP

POXQUAL2 b. SHORT 1 2 3 4 5 LONG

POXQUAL3 c. RESTLESS 1 2 3 4 5 RESTFUL

⑥ Compared to your usual night's sleep, how well did you sleep last night? **POXUSUAL** 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

⑦ How long did it take you to fall asleep at bedtime last night? hours minutes **POXFALL**

⑧ What was your sleeping arrangement LAST NIGHT? **POXSLARR** 1 Another person in same bed 2 Another person in same room, but different bed 3 Alone in room

⑨ What is your USUAL sleeping arrangement? **POXSLUS** 1 Another person in same bed 2 Another person in same room, but different bed 3 Alone in room

Draft





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For questions 9-11, please think back to the 4 hour period before you went to sleep LAST NIGHT.

10 How many of the following drinks did you have during the 4 hours before you went to sleep last night? Please write '0' if you did not drink any of that beverage.

- a. **POXWINE** glasses of wine (4 oz.)
- b. **POXLIQ** drinks with hard liquor (1 shot)
- c. **POXBEER** bottles or cans of beer (12 oz.)
- d. **POXCOFF** cups of regular coffee (with caffeine)
- e. **POXTEA** cups of tea (with caffeine)
- f. **POXSODA** glasses or cans of cola or other soda (with caffeine)

11 How much did you smoke during the 4 hours before you went to sleep last night? Please write '0' for each that you did not smoke last night.

- a. **POXCIG** number of cigarettes
- b. **POXPIPE** number of pipe bowls
- c. **POXCIGAR** number of cigars

12 Did you have nasal stuffiness, obstruction, or discharge last night? ○ Yes ○ No

↓

Did this interfere with your sleep last night? ○ Yes ○ No

POXINTER

13 During the PAST MONTH, how often have you had trouble sleeping because of...

		0	1	2	3	Not During the Past Month	Less than Once a Week	Once or Twice a Week	Three or More Times a Week
a. Coughing	POXCOUGH	0○	1○	2○	3○	0○	1○	2○	3○
b. Snorting or gasping	POXSNORT	0○	1○	2○	3○	0○	1○	2○	3○
c. Chest pain or discomfort	POXCPAIN	0○	1○	2○	3○	0○	1○	2○	3○
d. Shortness of breath	POXSBRE	0○	1○	2○	3○	0○	1○	2○	3○
e. Nasal stuffiness	POXSTUFF	0○	1○	2○	3○	0○	1○	2○	3○
f. Heart burn or reflux	POXHBURN	0○	1○	2○	3○	0○	1○	2○	3○
g. Leg jerks or kicks	POXLEGK	0○	1○	2○	3○	0○	1○	2○	3○

