



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? : A.M. P.M.
POXBEDTM
- ② What time did you wake up today? : A.M. P.M.
POXWKTM
- ③ How much time do you think you actually slept last night? *POXSLPMN* hours minutes
- 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)...
- | | | |
|-------------------------|---|-------------------------|
| a. LIGHT | <i>POXQUAL1</i> | DEEP |
| <input type="radio"/> 1 | <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | <input type="radio"/> 5 |
| b. SHORT | <i>POXQUAL2</i> | LONG |
| <input type="radio"/> 1 | <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | <input type="radio"/> 5 |
| c. RESTLESS | <i>POXQUAL3</i> | RESTFUL |
| <input type="radio"/> 1 | <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | <input type="radio"/> 5 |
- ⑥ Compared to your usual night's sleep, how well did you sleep last night?
POXUSUAL 1 Much worse than usual 4 A little better than usual
 2 Somewhat worse than usual 5 Much better than usual
 3 As well as usual
- ⑦ How long did it take you to fall asleep at bedtime last night? *POXFALL* hours minutes
- 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





PSG Morning Survey

Office Use Only-- MrOS ID#						○ MISSING Acrostic			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For questions 10-11, 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.	<input type="text"/> <input type="text"/>	glasses of wine (4 oz.) <i>POXWINE</i>	b.	<input type="text"/> <input type="text"/>	drinks with hard liquor (1 shot) <i>POXLIQ</i>	c.	<input type="text"/> <input type="text"/>	bottles or cans of beer (12 oz.) <i>POXBEER</i>
d.	<input type="text"/> <input type="text"/>	cups of regular coffee (with caffeine) <i>POXCOFF</i>	e.	<input type="text"/> <input type="text"/>	cups of tea (with caffeine) <i>POXTEA</i>	f.	<input type="text"/> <input type="text"/>	glasses or cans of cola or other soda (with caffeine) <i>POXSODA</i>

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.	<input type="text"/> <input type="text"/>	number of cigarettes <i>POXCIG</i>	b.	<input type="text"/> <input type="text"/>	number of pipe bowls <i>POXPIPE</i>	c.	<input type="text"/> <input type="text"/>	number of cigars <i>POXCIGAR</i>
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12 Did you have nasal stuffiness, obstruction, or discharge last night? 1 Yes 0 No *POXNASAL*

Did this interfere with your sleep last night? 1 Yes 0 No <i>POXINTER</i>

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

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

14 a. Do you have air conditioning? 1 Yes 0 No *POXAC*

LAST NIGHT, did you use air conditioning? 1 Yes 0 No <i>POXACUSE</i>
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b. LAST NIGHT, were your windows open? 1 Yes 0 No *POXWIN*

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