

## F: AM Sleep Evaluation

1. How well did you sleep last night? (Please check one)  
(A\_EVAL\_SLEPT)

\_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

2. About how many hours of restful sleep do you feel you got last night?

\_\_\_hours (A\_EVAL\_HOUR)

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 your current state of sleepiness*. (A\_EVAL\_SLEEP)

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