

SLEEPEVALUATION

How do you find your sleep pattern?

The following questions are about what you think of your sleep pattern.

For each question, please circle the number which best describes your answer. For example, if you have mild difficulty falling asleep, your answer will be as follows:

Example

	None	Mild	Moderate	Severe	Very severe
Difficulty falling asleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer all the questions. Circle only one number for each.

If you give an incorrect answer by mistake, cross it out and circle the correct answer instead.

1 Your sleep problem during the past two weeks:

	None	Mild	Moderate	Severe	Very severe
A Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B Difficulty staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C Problems waking up too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 How satisfied are you with how you usually sleep?

Very satisfied	Satisfied	Neutral	Disatisfied	Very disatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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3 Do you suffer from any of the following symptoms during the day: tiredness, poor concentration, irritability or forgetfulness?

No	Rarely	Sometimes	Often	Very often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Do other people notice that you are suffering from tiredness, poor concentration, irritability or forgetfulness?

No	Rarely	Sometimes	Often	Very often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 How worried are you about your sleep problem?

Not at all	A little	Somewhat	Badly	Very badly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>