

PSG Morning Survey



Draft

Office Use Only														
SOF ID#					Acrostic					Staff ID#				

Date of PSG: / /

Month Day Year

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

V8XBEDTM

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

V8XWKTM

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

V8XSLPMN

4 Rate the actual 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 **V8XQUAL1** 1 2 3 4 5 Deep

b. Short **V8XQUAL2** 1 2 3 4 5 Long

c. Restless **V8XQUAL3** 1 2 3 4 5 Restful

5 Compared to your usual night's sleep, how well did you sleep last night?

V8XUSUAL Much worse than usual A little better than usual

Somewhat worse than usual Much better than usual

As well as usual

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

V8XFALL

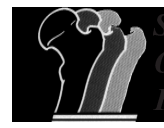
7 What was your sleeping arrangement LAST NIGHT? **V8XSLARR**

Another person in same bed Another person in same room, but different bed Alone in room

8 What is your USUAL sleeping arrangement? **V8XSLUS**

Another person in same bed Another person in same room, but different bed Alone in room

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<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"/>	<input type="text"/>	<input type="text"/>

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

9 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. glasses of wine (4 oz.)
- b. drinks with hard liquor (1 shot)
- c. bottles or cans of beer (12 oz.)
- d. cups of regular coffee (with caffeine)
- e. cups of tea (with caffeine)
- f. glasses or cans of cola or other soda (with caffeine)

10 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. number of cigarettes
- b. number of pipe bowls
- c. number of cigars

11 Did you have nasal stuffiness, obstruction, or discharge last night? **V8XNASAL**
 Yes No

↓

Did this interfere with your sleep last night? Yes No

V8XINTER

12 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	V8XCOUGH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Snorting or gasping	V8XSNORT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Chest pain or discomfort	V8XCPAIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Shortness of breath	V8XSBRE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Nasal stuffiness	V8XSTUFF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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