



Sleep Habits

Office Use Only														
SOF ID#					Acrostic					Staff ID#				
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1 On most nights, how many hours do you sleep each night?

[][]	hours
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2 How many hours of sleep do you need each night to feel rested? (Please answer to the nearest hour.)

[][]	hours
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3 Do you take naps regularly?

Yes No Don't know



a. How many days per week do you usually nap?

[][]	days
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b. On average, how many hours do you nap each time?

Less than 1 hour At least 1 hour but no more than 2 hours More than 2 hours

4 Do you ever drink alcohol to help you sleep? Yes No Don't know

Questions 5 - 13 relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

5 During the past month, what time have you usually gone to bed at night?

[][]	:	[][]	<input type="radio"/> A.M.
			<input type="radio"/> P.M.

6 During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

V8PSLPM	minutes
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7 During the past month, when have you usually gotten up in the morning?

[][]	:	[][]	<input type="radio"/> A.M.
			<input type="radio"/> P.M.

8 During the past month, how many hours of actual sleep did you get each night? (This may be different than the number of hours you spent in bed.)

V8PACTSL	hours
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V8PEFFIC

V8PEFFCY

V8PSLPM4



V8PSLDUR

V8PLATEN

V8DISTUR

V8DAYDYS



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For questions 9 - 13, mark the one best response. Please answer all questions.

9 During the past month, how often have you had trouble sleeping because you...

V8PSQI

V8BADSLP

	Not During the Past Month	Less than Once a Week	Once or Twice a Week	Three or More Times a Week
a. Cannot get to sleep within 30 minutes V8P30M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wake up in the middle of the night or early morning V8PWAKE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have to get up to use the bathroom V8PBATH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cannot breathe comfortably V8PBREA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cough or snore loudly V8PSNOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feel too cold V8PCOLD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feel too hot V8PHOT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have bad dreams V8PBAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have pain V8PPAIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Leg jerks or leg cramps V8PLJERK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Heartburn V8PHBURN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other reasons Describe: V8POTH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep? **V8PSLMED**

Not During the Past Month Less than Once a Week Once or Twice a Week Three or More Times a Week

11 During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? **V8PTRBSA**

12 During the past month, how would you rate your sleep quality overall? **V8PSQUAL**

Very good Fairly good Fairly bad Very bad

13 During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? **V8PENTH**

No problem at all Only a slight problem Somewhat of a problem A very big problem

Draft

