

## The Sleep Questionnaire

Date / /

Last Night' Sleep							
How much did you sleep during the day yesterday?							h
Time you settled down for the night?							h
Time you fall asleep last night?							h
How long did it take you to fall asleep last night?							h
How much did you sleep last night?							h
How was your sleep?							
very Light	Light	fairly Light	light Average	deep Average	fairly Deep	Deep	very Deep
How many times did you wake up?							

This Morning					
Were you troubled by waking early and being unable to get off to sleep again?	Yes / No				
Time you woke this morning?	h				
Time you got up this morning?	h				
How clear-headed did you feel after getting up this morning?					
very Drowsy	Drowsy	slightly Drowsy	Clear- headed	Alert	very Alert

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