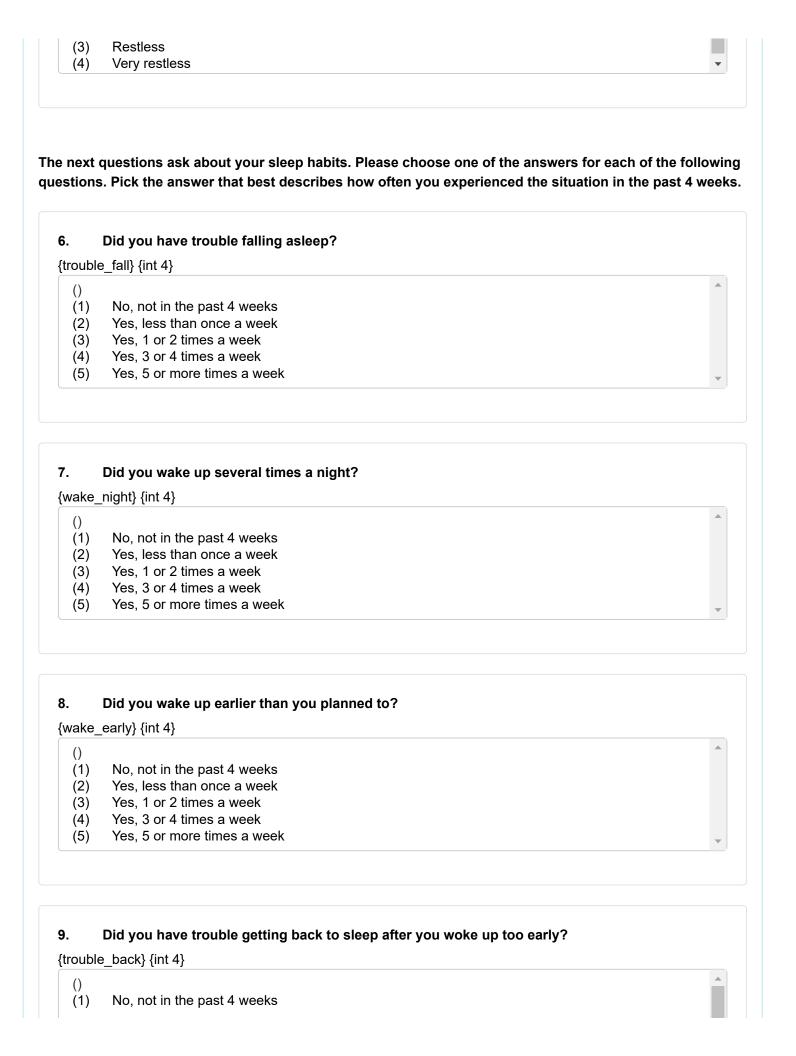
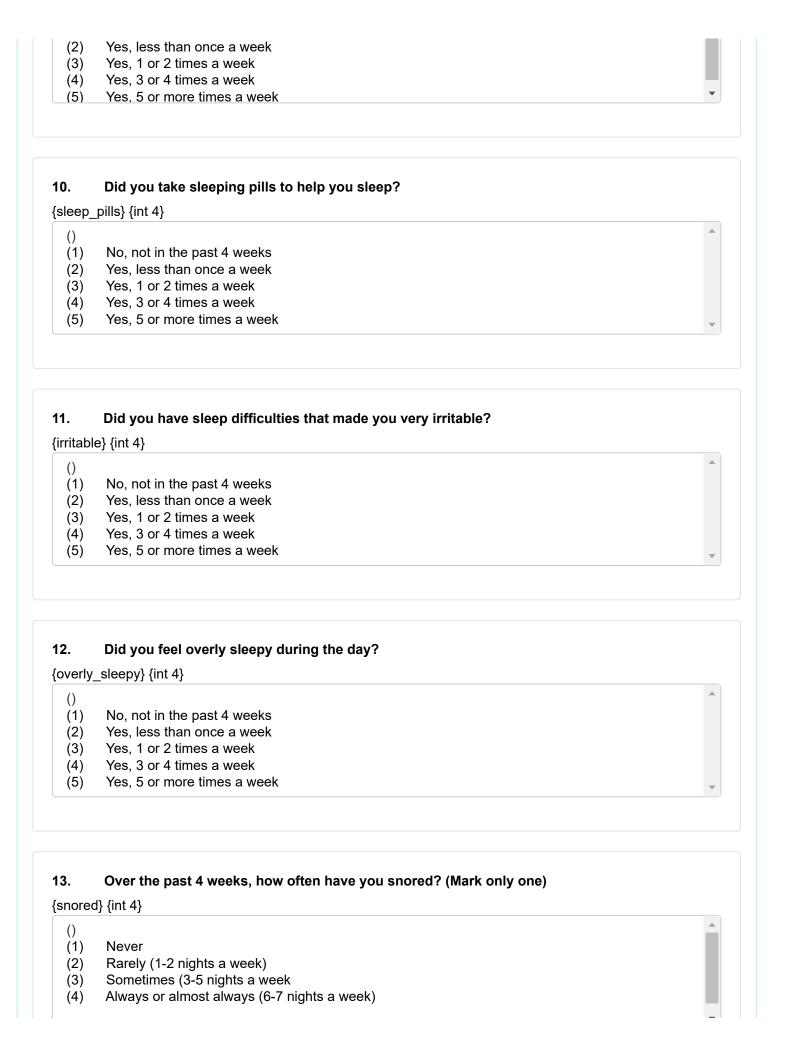
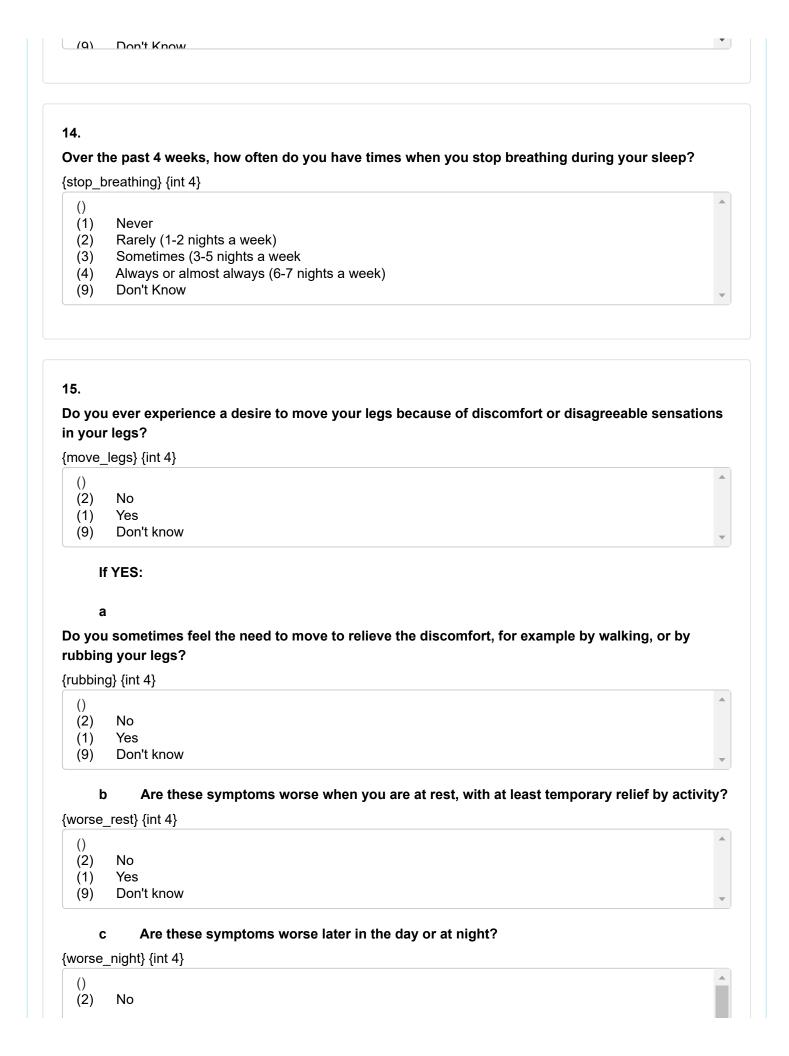
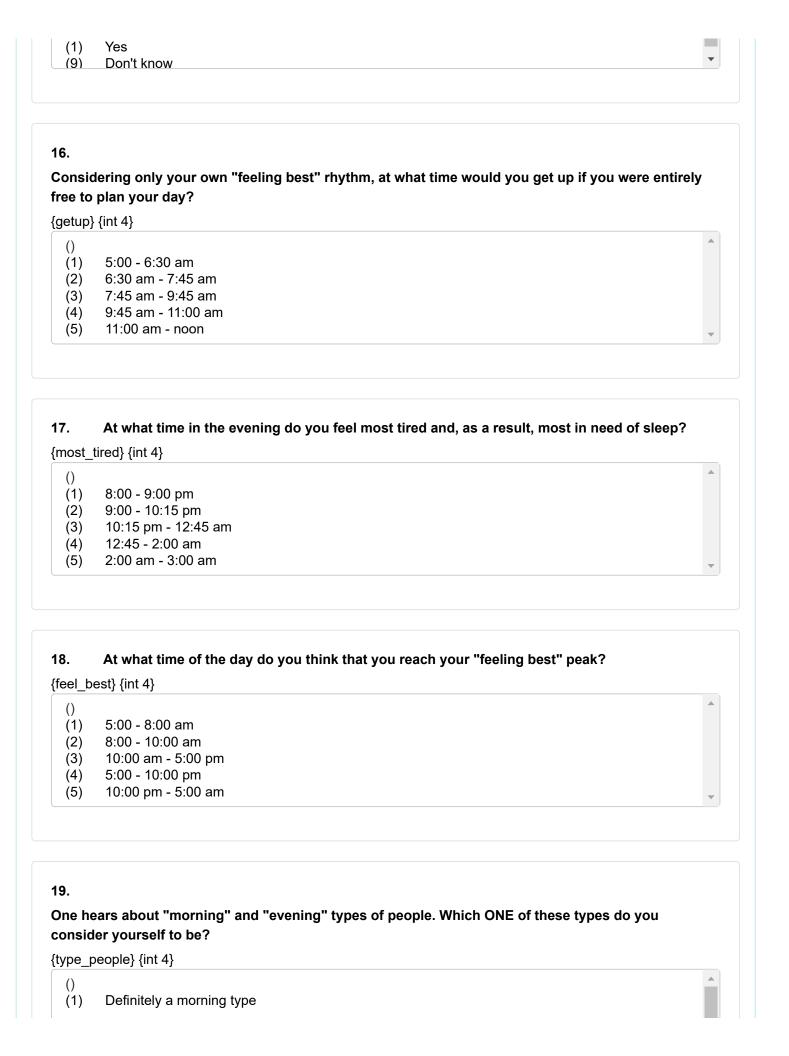
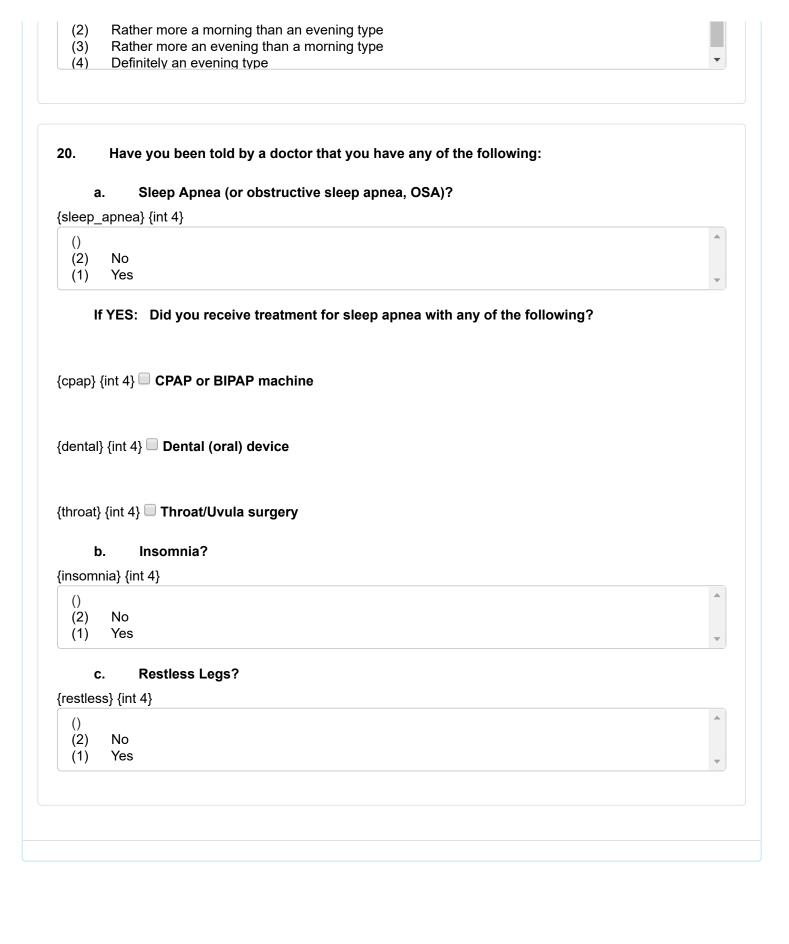
{weekends_hr_sleep} {int 4} {weekends_min_sleep} {int 4} :	<pre>{weekends_sleep_ampm} {int 4}  ()   (1) AM   (2) PM</pre>
<ul><li>What time do you usually wake up:</li><li>a. On weekdays or work days?</li></ul>	
<pre>{weekdays_hr_wake} {int 4} : {weekdays_min_wake} {int 4} :</pre>	{weekdays_wake_ampm} {int 4}  () (1) AM (2) PM
b. On weekends, or days off?	
<pre>{weekends_hr_wake} {int 4} {weekends_min_wake} {int 4}</pre>	{weekends_wake_ampm} {int 4}  () (1) AM (2) PM
	•
3. On average, how many hours of sleep do you get a night? {hoursofsleep} {int 4}  4. During a usual week, how many times do you nap for 15 new square for 1	
{hoursofsleep} {int 4}  4. During a usual week, how many times do you nap for 15 m {week_naps} {int 4}  () (0) None	ninutes or more?











## Sleep Questionnaire

PID:  ACROSTIC:  VISIT:  DATE of VISIT:		ADMINISTE	RED BY: 23456789		
The following two questions refer to the times you get in and out of bed in order to sleep (not including naps).					
What time do you us     a. On weekdays or     b. On weekends, or	work days?		<ul><li>□ AM</li><li>□ AM</li></ul>	☐ PM	
What time do you us     a. On weekdays or	•		AM	PM	
b. On weekends, o	·		☐ AM	☐ PM	
3. On average, how ma	any hours of sleep do you (	get a night?			
4. During a usual week, how many times do you nap for 15 minutes or more?  None  I or more times					
5. Overall, was your typ  Very sound or re Sound and restf Average quality Restless Very restless		ne past 4 weeks:			

The next questions ask about your sleep habits. Please choose one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the <b>past 4 weeks</b> .						
		No, not in the past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
6.	Did you have trouble falling asleep?					
7.	Did you wake up several times a night?					
8.	Did you wake up earlier than you planned to?					
9.	Did you have trouble getting back to sleep after you woke up too early?					
10.	Did you take sleeping pills to help you sleep?					
11.	Did you have sleep difficulties that made you very irritable?					
12.	Did you feel overly sleepy during the day?					
13.	Over the <u>past 4 weeks</u> , how often have you snored? (Ma	ark only one	e)			
	Never					
	Rarely (1-2 nights a week)					
	Sometimes (3-5 nights a week					
	Always or almost always (6-7 nights a week)					
	Don't Know					
14.	14. Over the <b>past 4 weeks</b> , how often do you have times when you stop breathing during your sleep?					
Never						
	Rarely (1-2 nights a week)					
	Sometimes (3-5 nights a week					
	Always or almost always (6-7 nights a week)					
	☐ Don't Know					

15. Do you ever experience a desire to move your legs because of discomfort or disagreeable sensations in your legs?					
☐ No					
Yes	Yes				
☐ Don't know					
→If YES:	No	Yes	Don't know		
a. Do you sometimes feel the need to move to relieve the discomfort, for example by walking, or by rubbing your legs?					
b. Are these symptoms worse when you are at rest, with at least temporary relief by activity?					
C. Are these symptoms worse later in the day or at night?					
16. Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?  5:00 - 6:30 am 6:30 am - 7:45 am 7:45 am - 9:45 am 9:45 am - 11:00 am 11:00 am - noon					
17. At what time in the evening do you feel most tired and, as a result, most in need of sleep?  8:00 - 9:00 pm 9:00 - 10:15 pm 10:15 pm - 12:45 am 12:45 - 2:00 am 2:00 am - 3:00 am					
18. At what time of the day do you think that you reach your "feeling best 5:00 - 8:00 am 8:00 - 10:00 am 10:00 am - 5:00 pm 5:00 - 10:00 pm 10:00 pm - 5:00 am	" peak?				

19. One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?				
		Definitely a "morning" type		
		Rather more a "morning" than an "evening" type		
		Rather more an "evening" than a "morning" type		
		Definitely an "evening" type		
20.	Ha	ve you been told by a doctor that you have any of the following:		
	a.	Sleep Apnea (or obstructive sleep apnea, OSA)?	☐ No	Yes
		→ If YES:		
		Did you receive treatment for sleep apnea with any of the following?		
		CPAP or BIPAP machine		
		Dental (oral) device		
		☐ Throat/Uvula surgery		
	b.	Insomnia?	☐ No	Yes
	C.	Restless Legs?	☐ No	Yes