**Morning questionnaire**

**Instructions**

* Please mark all answers clearly
* If the question is multiple choice, mark your answer by placing an x in the box:
* If there are no response alternatives listed, write in your response in the provided space

**1.** **Current date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current time**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** **In the 6 hours before you went to bed did you drink any alcohol?**

* + Yes
	+ No

**3. In the 6 hours before you went to bed did you drink any caffeine (e.g. coffee, tea, soda)?**

* + Yes
	+ No

**4. In the 6 hours before you went to bed did you use any medications or supplements (herbal or otherwise)?**

* + Yes. If yes, please list the medication and/or supplements used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + No

**5. Thinking about yesterday, how stressful was your day?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| Not at all | Slightly | Moderately | Very | Extremely |

**6. Last night, did you sleep with the windows...**

* Closed
* Partially open
* Completely open

**7. Last night, did somebody share the bed with you (e.g. partner, child, pet)?**

* + Yes
	+ No

**8. At what time did you...**

 go to bed and switch off the light last night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hour: Minute)

 wake up this morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hour: Minute)

 get out of bed this morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hour: Minute)

**9. How long did it take you to fall asleep after you turned the lights off?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(minutes)

**10. Did you wake up during the night?**

* Yes
* No

If so, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were the reasons, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. How do you feel right now?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| Very refreshed and rested | Refreshed and rested | Neither refreshed nor tired | Tired | Very tired |
|  |  |  |  |  |

**12. Please check the box next to the statement that best describes how sleepy you feel right now...**

* Extremely alert
* Very alert
* Alert
* Rather alert
* Neither alert nor sleepy
* Some signs of sleepiness
* Sleepy, but no effort to keep awake
* Sleepy, some effort to keep awake
* Very sleepy, great effort to keep awake, fighting sleep

**13. Thinking about last night, how would you rate your sleep quality overall?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **□**Very good | **□**Fairly good | **□**Neither goodnor bad | **□**Fairly bad | **□**Very bad |

**14. Thinking about last night, how much did noise from aircraft disturb your sleep?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| Not at all | Slightly | Moderately | Very | Extremely |

**15. Other comments?**

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**If you have any questions or concerns please call us at 555-555-5555**