WOOSTER COMMUNITY HOSPITAL

PRE-SLEEP QUESTIONNAIRE

1. Did you take any naps today? YES_____ NO_____ If yes, list time and length of nap.
_____

2. Have you taken any prescribed medication today? YES_____ NO_____ If yes, list what and when_____
_____

3. Have you taken any non-prescription medication today? YES_____ NO _____ If yes, list what and when_____

4. Have you had any alcohol today? YES _____NO _____

5. Have you had any liquids other than water in the past 5 hours? YES_____NO_____ if yes, list what and how much _____

6. Have you felt ill today or do you feel ill now? YES _____NO _____ If yes, how and when_____

7. Did anything out of the ordinary happen today? YES _____NO_____ If yes, explain what _____

8. Did you feel sleepy today? YES _____NO _____

9. When did you eat your last meal? _____
Compared to usual, was the amount that you ate: Less_____ Same _____ More _____

10. How tired do you feel right now? Not at all_____ Little _____ Extremely _____

11. How sleepy do you feel right now? Not at all _____ Little _____ Extremely _____

12. How alert do you feel right now? Not at all_____ Little _____ Extremely _____

Comments_____
_____
_____
_____

Note: Sleep in any position comfortable for you and move about as much as you wish. You are under no compulsion to "sleep well" or "sleep a lot". We are willing to accept whatever you show us tonight.

Label

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