MSLT QUESTIONNAIRES

INSTRUCTIONS: Please answer the questions as best as you can without looking at a watch, clock, or asking the technologist. You do not need to be perfectly accurate; we are interested in what you would guess the answers to be.

	_					
NAP#	1					
Pre-Na	ıp					
1.	Have yo	ou fallen asleep since your last bedtim	e? Yes	No		
	a.	If so, how long?			<u>-</u>	
2.	Have yo	ou felt upset, excited, or anxious (worr	ying) about any	ing) about anything today?		
3.			Not at All	A Little	Quite a Bit	Extremely
	a.	How tired do you feel right now?	1	2	3	4
	b.	How sleepy?	1	2	3	4
	c.	How alert?	1	2	3	4
Post-N	-				minutes	
1.	How lo	ng were you in bed?		hours		
2.	How long did it take for you to fall asleep?			hours		
3.	How long did you sleep?			hours	minutes	
4.	Did you	ı dream? Yes No				
5.	Did you	ı experience any strange muscle sensa	tions, sounds, c	or sights? Yes	No	
	a.	If yes, please describe:				
6.			Not at All	A Little	Quite a Bit	Extremely
	a.	How tired do you feel right now?	1	2	3	4
	b.	How sleepy?	1	2	3	4
	c.	How alert?	1	2	3	4

Date_____

MSLT# _____

Name _____

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cmdsleep@live.com
Sleep E



NAP #2

Pre-N	ар					
4.	. Have y	ou fallen asleep since your last bedtim	e? Yes	No		
	a.	If so, how long?				
5.	. Have y	ou felt upset, excited, or anxious (wor	rying) about any	thing today?	Yes No	
6.			Not at All	A Little	Quite a Bit	Extremely
	a.	How tired do you feel right now?	1	2	3	4
	b.	How sleepy?	1	2	3	4
	c.	How alert?	1	2	3	4
Post-l	-					
7.	. How lo	ong were you in bed?		hours	minutes	
8.	. How lo	ong did it take for you to fall asleep?		hours	minutes	
9.	. How lo	ong did you sleep?		hours	minutes	
10	0. Did yo	u dream? Yes No				
13	1. Did yo	u experience any strange muscle sensa	itions, sounds, o	r sights? Yes	No	
	a.	If yes, please describe:				
12	2.		Not at All	A Little	Quite a Bit	Extremely
	a.	How tired do you feel right now?	1	2	3	4
	b.	How sleepy?	1	2	3	4
	c.	How alert?	1	2	3	4

Name	Date	MSLT#

NAP #3

Name _____

Pre-No	ap							
7.	Have y	ou fallen asleep since your last bedtim	e? Yes	No				
	a.	If so, how long?						
8.	Have y	ou felt upset, excited, or anxious (wor	rying) about any	thing today?	Yes No			
9.			Not at All	A Little	Quite a Bit	Extremely		
	a.	How tired do you feel right now?	1	2	3	4		
	b.	How sleepy?	1	2	3	4		
	C.	How alert?	1	2	3	4		
Post-N	lap							
13	. How lo	ng were you in bed?		nours	minutes			
14. How long did it take for you to fall asleep?				hours				
15	. How lo	ng did you sleep?		nours	minutes			
16	16. Did you dream? Yes No							
17	'. Did you	u experience any strange muscle sensa	ntions, sounds, o	r sights? Yes	No			
	a.	If yes, please describe:						
18	3.		Not at All	A Little	Quite a Bit	Extremely		
	a.	How tired do you feel right now?	1	2	3	4		
	b.	How sleepy?	1	2	3	4		
	c.	How alert?	1	2	3	4		

Date_____

MSLT# _____

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NAP #4

Name _____

Pre-Nap							
	10. Have you fallen asleep since your last bedtime? Yes No						
		a. If so, how long?					
	11. Hav	ve yo	ou felt upset, excited, or anxious (worry	ying) about anything today?		Yes No	
	12.			Not at All	A Little	Quite a Bit	Extremely
		a.	How tired do you feel right now?	1	2	3	4
		b.	How sleepy?	1	2	3	4
		c.	How alert?	1	2	3	4
Pos	20. Hov 21. Hov 22. Did	w lo w lo you	ng were you in bed? ng did it take for you to fall asleep? ng did you sleep? I dream? Yes No I experience any strange muscle sensat If yes, please describe:		hours hours hours r sights? Yes	minutesminutesminutes No	
	24.			Not at All	A Little	Quite a Bit	Extremely
		a.	How tired do you feel right now?	1	2	3	4
		b.	How sleepy?	1	2	3	4
		c.	How alert?	1	2	3	4

Date_____

MSLT# _____

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Sleep I



NAP #5

Pre-Nap							
13. Ha	ave y	ou fallen asleep since your last bedtime	e? Yes	No			
	a.	If so, how long?					
14. Ha	ave y	ou felt upset, excited, or anxious (worr	ying) about any	thing today?	Yes No		
15.			Not at All	A Little	Quite a Bit	Extremely	
	a.	How tired do you feel right now?	1	2	3	4	
	b.	How sleepy?	1	2	3	4	
	c.	How alert?	1	2	3	4	
Post-Nap							
25. Ho	ow lo	ng were you in bed?		nours	minutes		
26. How long did it take for you to fall asleep?				hoursminutes			
27. How long did you sleep?				hoursminutes			
28. Di	28. Did you dream? Yes No						
29. Di	29. Did you experience any strange muscle sensations, sounds, or sights? Yes No						
	a.	If yes, please describe:					
30.			Not at All	A Little	Quite a Bit	Extremely	
	a.	How tired do you feel right now?	1	2	3	4	
	b.	How sleepy?	1	2	3	4	
	c.	How alert?	1	2	3	4	

Name	Date	MSLT#