

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-Nap

1. Have you fallen asleep since your last bedtime? Yes No
 - a. If so, how long? _____
2. Have you felt upset, excited, or anxious (worrying) about anything today? Yes No
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-Nap

1. How long were you in bed? _____ hours _____ minutes
2. How long did it take for you to fall asleep? _____ hours _____ minutes
3. How long did you sleep? _____ hours _____ minutes
4. Did you dream? Yes No
5. Did you experience any strange muscle sensations, sounds, 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

Name _____

Date _____

MSLT# _____



NAP #2

Pre-Nap

4. Have you fallen asleep since your last bedtime? Yes No
 a. If so, how long? _____
5. Have you felt upset, excited, or anxious (worrying) about anything 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-Nap

7. How long were you in bed? _____hours _____minutes
8. How long did it take for you to fall asleep? _____hours _____minutes
9. How long did you sleep? _____hours _____minutes
10. Did you dream? Yes No
11. Did you experience any strange muscle sensations, sounds, or sights? Yes No
 a. If yes, please describe:

- | | | | | | |
|-----|----------------------------------|------------|----------|-------------|-----------|
| 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 |

Name _____

Date _____

MSLT# _____

NAP #3

Pre-Nap

7. Have you fallen asleep since your last bedtime? Yes No
 a. If so, how long? _____
8. Have you felt upset, excited, or anxious (worrying) about anything 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-Nap

13. How long were you in bed? _____ hours _____ minutes
14. How long did it take for you to fall asleep? _____ hours _____ minutes
15. How long did you sleep? _____ hours _____ minutes
16. Did you dream? Yes No
17. Did you experience any strange muscle sensations, sounds, or sights? Yes No
 a. If yes, please describe:

- | | | | | | |
|-----|----------------------------------|------------|----------|-------------|-----------|
| 18. | | 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 #4

Pre-Nap

10. Have you fallen asleep since your last bedtime? Yes No
 a. If so, how long? _____
11. Have you felt upset, excited, or anxious (worrying) 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 |

Post-Nap

19. How long were you in bed? _____ hours _____ minutes
20. How long did it take for you to fall asleep? _____ hours _____ minutes
21. How long did you sleep? _____ hours _____ minutes
22. Did you dream? Yes No
23. Did you experience any strange muscle sensations, sounds, or sights? Yes No
 a. If yes, please describe:

- | 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 |

Name _____

Date _____

MSLT# _____

NAP #5

Pre-Nap

13. Have you fallen asleep since your last bedtime? Yes No

a. If so, how long? _____

14. Have you felt upset, excited, or anxious (worrying) about anything 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. How long were you in bed? _____ hours _____ minutes

26. How long did it take for you to fall asleep? _____ hours _____ minutes

27. How long did you sleep? _____ hours _____ minutes

28. Did you dream? Yes No

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# _____