**PSQI – Day 2**

Participant ID: \_\_\_\_\_\_

(For experimenter)

Date: \_\_\_\_\_\_\_

(For experimenter)

**Instructions:** The following questions relate to your sleeping habits last night. Please answer all questions

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

What time did you go to bed last night? \_\_\_:\_\_\_

How many minutes did it take you to fall asleep bed last night? \_\_\_\_\_\_\_\_\_

What time did you get up this morning? \_\_\_:\_\_\_

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

Please tick all of the following that apply:

Last night I could not get to sleep within 30 minutes

Last night I woke up in the middle of the night

Last night I got up in the middle of the night

Last night I could not breathe comfortably

Last night I coughed or snored loudly

Last night I felt too cold

Last night I felt too hot

Last night I had bad dreams

Last night I felt pain

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

How would you rate your sleep quality overall last night?

Very good Fairly good Fairly bad Very bad

Did you take prescribed medicine to help you sleep last night?

Yes No

Today, did you have trouble staying awake while driving, eating meals, or engaging in social activity?

Yes No