

<i>Question</i>	<i>Question Description</i>
1	What time did you go to bed? (e.g. 11:30 pm)
2	How long, in minutes, did it take you to fall asleep?
3	What time did you get up this morning? (e.g. 9:00 am)
4A	How many hours of sleep did you get last night? (e.g. 8)
4B	How many hours were you in bed? (e.g. 9.5)
5	Did you take any medicine, prescribed or over the counter, to help you sleep?
6	Yesterday, did you have trouble staying awake while driving, eating meals, or engaging in social activity?
7	Yesterday, how much of a problem was it for you to keep up enthusiasm to get things done?
8	Last night, how would you rate your overall sleep quality? (1=Very Poor, 2=Fairly Poor, 3=Fairly Good, 4=Very Good)
9	Please list any occurrences that you can recall from last night, including time when they happened. Examples include: felt cold, felt hot, had pain, coughed or snored loudly, uncomfortable breathing, etc.