Current Sleep Status Questionnaire

***Date:*_____**

On average *over the past* ***two*** *weeks:*

1) **How many hours did you sleep each night?** _____

2) How many minutes did it take you to fall asleep?

☐ 0-15 minutes ☐ 46-60 minutes

☐ 16-30 minutes ☐ 60 minutes

☐ 31-45 minutes

3) How many times did you wake up each night?

☐ 0 ☐ 2 ☐ 4

☐ 1 ☐ 3 ☐ more than 4

4) How often did you feel rested upon awakening? 0

_____

0 1 2 3 4 5

Never Always