

## LEEDS SLEEP EVALUATION QUESTIONNAIRE

Each question is answered by placing a vertical mark on the line. If no change was experienced then place the mark in the middle of the line. If a change was experienced then the position of your mark will indicate the nature and extent of the change, i.e., large changes near the ends of the line, small changes near the middle.

**How would you compare getting to sleep using the medication with getting to sleep normally, i.e. without medication?**

- a) Easier than usual \_\_\_\_\_ Harder than usual
- b) Quicker than usual \_\_\_\_\_ Slower than usual
- c) Felt more drowsy than usual \_\_\_\_\_ Felt less drowsy than usual

**How would you compare the quality of sleep using the medication with non-medicated (your usual) sleep?**

- a) More restful than usual \_\_\_\_\_ Less restful than usual
- b) Fewer periods of wakefulness than usual \_\_\_\_\_ More periods of wakefulness than usual

**How did your awakening after medication compare with your usual pattern of awakening?**

- a) Easier than usual \_\_\_\_\_ More difficult than usual
- b) Took shorter than usual \_\_\_\_\_ Took longer than usual

**How did you feel on wakening?**

Alert \_\_\_\_\_ Tired

**How do you feel now?**

Alert \_\_\_\_\_ Tired

**How was your sense of balance and coordination upon getting up?**

Less clumsy than usual \_\_\_\_\_ More clumsy than usual