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

b) Quicker than usual

c) Felt more 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

b) Fewer periods of wakefulness than usual

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

a) Easier than usual

b) Took shorter than usual

How did you feel on waking?

Alert

How do you feel now?

Alert

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

Less clumsy than usual

More clumsy than usual