

Name: _____ Date: ____ / ____ / ____

PRE NAP	Nap #1	Nap #2	Nap #3	Nap #4	Nap #5
How do you feel right now?	<input type="checkbox"/> The same as usual <input type="checkbox"/> Less sleepy <input type="checkbox"/> More sleepy	<input type="checkbox"/> The same as usual <input type="checkbox"/> Less sleepy <input type="checkbox"/> More sleepy	<input type="checkbox"/> The same as usual <input type="checkbox"/> Less sleepy <input type="checkbox"/> More sleepy	<input type="checkbox"/> The same as usual <input type="checkbox"/> Less sleepy <input type="checkbox"/> More sleepy	<input type="checkbox"/> The same as usual <input type="checkbox"/> Less sleepy <input type="checkbox"/> More sleepy
Were you able to remain awake since your last nap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Select the level closest to your current level of sleepiness/alertness.	<input type="checkbox"/> Almost asleep <input type="checkbox"/> Hard to stay awake <input type="checkbox"/> Ready to lie down <input type="checkbox"/> Not fully alert <input type="checkbox"/> Wide awake	<input type="checkbox"/> Almost asleep <input type="checkbox"/> Hard to stay awake <input type="checkbox"/> Ready to lie down <input type="checkbox"/> Not fully alert <input type="checkbox"/> Wide awake	<input type="checkbox"/> Almost asleep <input type="checkbox"/> Hard to stay awake <input type="checkbox"/> Ready to lie down <input type="checkbox"/> Not fully alert <input type="checkbox"/> Wide awake	<input type="checkbox"/> Almost asleep <input type="checkbox"/> Hard to stay awake <input type="checkbox"/> Ready to lie down <input type="checkbox"/> Not fully alert <input type="checkbox"/> Wide awake	<input type="checkbox"/> Almost asleep <input type="checkbox"/> Hard to stay awake <input type="checkbox"/> Ready to lie down <input type="checkbox"/> Not fully alert <input type="checkbox"/> Wide awake

POST NAP	Nap #1	Nap #2	Nap #3	Nap #4	Nap #5
How many minutes do you think you were in bed?	_____ Minutes	_____ Minutes	_____ Minutes	_____ Minutes	_____ Minutes
Did you fall asleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
How sleepy do you feel right now?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely
How physically fatigued do you feel right now?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely



PT.
MR./PM.
DR.