

Sleep Impact

Please respond to each question or statement by marking one box per row.

		Never	Rarely	Sometimes	Often	Always
SleepImpactQ1	In the past 7 days, how often did you get enough sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SleepImpactQ2	In the past 7 days, how often did you stay up most of the night because you could not fall asleep?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SleepImpactQ4	In the past 7 days, how often did you get as much sleep as you wanted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SleepImpactQ5	In the past 7 days, how often was it very easy for you to fall asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SleepImpactQ7	In the past 7 days, how often did you struggle to stay awake during the day?..	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SleepImpactQ8	In the past 7 days, how often did you have a lot of trouble falling asleep?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SleepImpactQ9	In the past 7 days, how often did you fall asleep when you wanted to stay awake?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SleepImpactQ10	In the past 7 days, how often did you stay up all night because you could not fall asleep?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SleepImpactQ11	In the past 7 days, how often did you stay up half of the night because you could not fall asleep?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

		None at all	A little bit	Some	Quite a bit	A lot
SleepImpactQ3	In the past 7 days, how much trouble did you have falling asleep?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		I did not wake up in the middle of the night	Always	Often	Sometimes	Rarely Never
SleepImpactQ6	In the past 7 days, if you woke up in the middle of the night, how often did you stay awake most of the rest of the night?	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5
		I did not wake up in the middle of the night	None at all	A little bit	Some	Quite a bit A lot
SleepImpactQ12	In the past 7 days, if you woke up in the middle of the night, how much trouble did you have falling back to sleep?	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2 <input type="checkbox"/> 1