

Sleep Disturbance – Short Form 4a

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

In the past 7 days...

		Very poor	Poor	Fair	Good	Very good
Sleep109	My sleep quality was	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

In the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
Sleep116	My sleep was refreshing.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Sleep20	I had a problem with my sleep.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sleep44	I had difficulty falling asleep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5