**PRE-STUDY ESSENTIAL OIL USAGE STUDY QUESTIONNAIRE - SLEEP**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Age (years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Your Sex (M or F):\_\_\_\_\_\_\_\_\_\_\_ | |  | |  |
|  |  | |  |  |

**THE EPWORTH SLEEPINESS SCALE**

How likely are to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

**SITUATION** **CHANCE OF DOZING**

Sitting and reading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Watching TV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sitting, inactive in a public place (e.g. a theatre or meeting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a passenger in a car for an hour without a break \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lying down to rest in the afternoon when circumstances permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sitting and talking to someone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sitting quietly after a lunch without alcohol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In a car, while stopped for a few minutes in the traffic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MY MAIN COMPLAINT IS: | | YES | NO |  |
|  |  |  |
| 1. | I have trouble sleeping at night | \_\_\_\_ | \_\_\_\_ |  |
| 2. | I am sleepy all day | \_\_\_\_ | \_\_\_\_ |  |
| 3. | I have trouble staying asleep | \_\_\_\_ | \_\_\_\_ |  |

**SLEEP - WAKE QUESTIONNAIRE**

1. The number of times that I usually wake up during the night is: \_\_\_\_\_\_\_\_\_\_

1. The reason I wake up is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. My best estimate of the clock time(s) during the night that I wake up is (are): \_\_\_\_\_\_\_\_
3. If I wake up during the night, the time it usually takes for to fall asleep again is: \_\_\_\_\_\_
4. The total amount of time I am awake during the night after I first fall asleep is: \_\_\_\_\_\_\_
5. The dozing time I generally spend between awakenings in the morning and

|  |  |
| --- | --- |
| getting out of bed is: | \_\_\_\_\_\_\_\_\_\_ |
|  |  |

During the first 30 minutes after waking up in the morning, I usually feel:

\_\_\_\_\_\_\_\_\_\_ very groggy \_\_\_\_\_\_\_\_\_\_ somewhat drowsy

\_\_\_\_\_\_\_\_\_\_ slightly drowsy but awake \_\_\_\_\_\_\_\_\_\_ alert

**INSOMNIA**

Please place a check beside any of the following statements that are true for you.

\_\_\_\_\_\_\_\_\_\_ I have trouble falling asleep at night.

\_\_\_\_\_\_\_\_\_\_ When I do not sleep, I worry about it the next day.

\_\_\_\_\_\_\_\_\_\_ When I wake up during the night, I have trouble going back to sleep.

\_\_\_\_\_\_\_\_\_\_ I wake up in the morning long before I have to.

\_\_\_\_\_\_\_\_\_\_ Some nights, I never get to sleep no matter how hard I try.

\_\_\_\_\_\_\_\_\_\_ When I try to go to sleep, my mind races with many thoughts.

\_\_\_\_\_\_\_\_\_\_ At night when I go to bed I do not feel sleepy.

\_\_\_\_\_\_\_\_\_\_ I often sleep better in an unfamiliar bedroom, such as a hotel or motel room.

\_\_\_\_\_\_\_\_\_\_ When I try to fall asleep I become anxious or nervous.

\_\_\_\_\_\_\_\_\_\_ When I try to fall asleep I worry about whether or not I can sleep.

\_\_\_\_\_\_\_\_\_\_ When I try to fall asleep I often feel hungry or thirsty.

\_\_\_\_\_\_\_\_\_\_ When I try to sleep I feel pain.

\_\_\_\_\_\_\_\_\_\_ Pain often wakes me up or keeps me from going back to sleep.

\_\_\_\_\_\_\_\_\_\_ I have a creeping, crawling sensation in my legs when I lie down to sleep.

\_\_\_\_\_\_\_\_\_\_ When I do sleep, I feel that I sleep very well.

\_\_\_\_\_\_\_\_\_\_ I am a very light sleeper. I am easily awakened by noises.

\_\_\_\_\_\_\_\_\_\_ My sleep is disturbed because of bed partner.

\_\_\_\_\_\_\_\_\_\_ Heat or cold disturbs my sleep.

\_\_\_\_\_\_\_\_\_\_ Generally, I get up in the night for a snack.