

**Appendix 1. Post-sleep questionnaire**

**Postsleep Questionnaire**

**For each situation, use the following scale to choose the most appropriate number:**

**1 – Poor      2 – Good      3 – Excellent**

| Situation   | Rating                      |
|---|-----------------------------|
| What is your level of satisfaction regarding your stay last night?          | 1            2            3 |
| Compared to your usual sleep at home, how was your sleep in the laboratory? | 1            2            3 |
| How comfortable was your bed?   | 1            2            3 |
| <b>Please answer the following questions:</b>                               |                             |
| How long do you think your sleep duration was during the sleep study?       | _____ hours                 |
| About what time do you think you fell asleep?                               |                             |
| Was it difficult for you to go to sleep?                                    | Yes      No                 |
| Was it difficult for you to stay asleep?                                    | Yes      No                 |
| If yes, please explain:   |                             |
| Was your sleep refreshing?  | Yes      No                 |
| Did anything bother you during the night?                                   | Yes      No                 |
| If yes, please explain:   |                             |
| Are there any amenities that could have improved your experience?           | Yes      No                 |
| If yes, explain:  |                             |