

Participant ID: _____

Date and time: _____

Date and time of last seizure: _____

*Quality of last night's sleep: _____

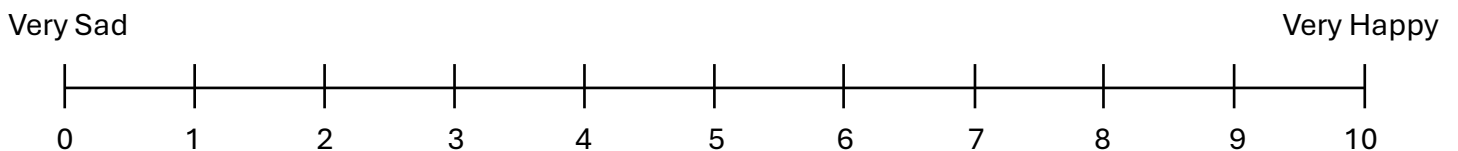
*Any naps in the day?: _____

* PM questions only

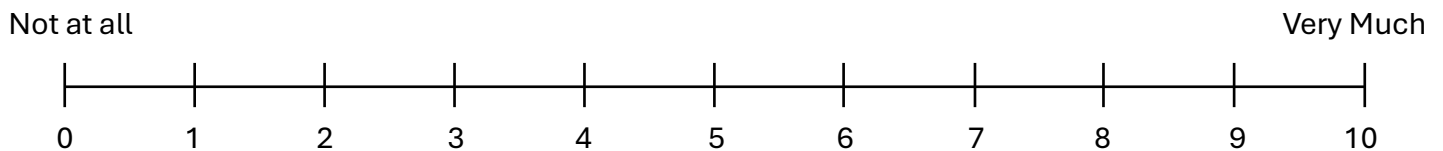
Stanford Sleepiness Scale (circle one option)

Degree of sleepiness	Scale Rating
Feeling active and vital, alert or wide awake	1
Functioning at a high level, but not at a peak; able to concentrate	2
Awake, but relaxed; responsive but not fully alert	3
Somewhat foggy, let down	4
Foggy, losing interest in remaining awake, slow down	5
Sleepy, woozy, fighting sleep, prefer to lie down	6
No longer fighting sleep, sleep onset soon, having dream-like thoughts	7
Asleep	X

Overall, how would you describe your mood?



Overall, how alert do you feel?



Overall, how sleepy do you feel?

