

Groningen Sleep Quality Scale

	True	False
1. I had a deep sleep last night	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel like I slept poorly last night	<input type="checkbox"/>	<input type="checkbox"/>
3. It took me more than half an hour to fall asleep last night	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt tired after waking up this morning	<input type="checkbox"/>	<input type="checkbox"/>
5. I woke up several times last night	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel like I didn't get enough sleep last night	<input type="checkbox"/>	<input type="checkbox"/>
7. I got up in the middle of the night	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt rested after waking up this morning	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel like I only had a couple hours of sleep last night	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel I slept well last night	<input type="checkbox"/>	<input type="checkbox"/>
11. I didn't sleep a wink last night	<input type="checkbox"/>	<input type="checkbox"/>
12. I didn't have any trouble falling asleep last night	<input type="checkbox"/>	<input type="checkbox"/>
13. After I woke up last night, I had trouble falling asleep again	<input type="checkbox"/>	<input type="checkbox"/>
14. I tossed and turned all night last night	<input type="checkbox"/>	<input type="checkbox"/>
15. I didn't get more than 5 hours sleep last night	<input type="checkbox"/>	<input type="checkbox"/>