

FIG. 1

FILLED DATE (YEAR, MONTH, DAY, TIME) _____ SUBJECT ID _____

CIRCLE THE NUMBER MOST CORRESPONDING TO THE DESCRIPTION FOR YOUR SLEEPINESS.

- 1 VERY CLEARLY AWAKE
- 2
- 3 AWAKE
- 4
- 5 NEITHER
- 6
- 7 SLEEPY
- 8
- 9 VERY SLEEPY (FIGHTING SLEEPINESS)

INDICATE THE LEVEL OF MOOD THAT YOU FEEL NOW BY A CROSS ON A LINE WITH REFERENCE TO THE DESCRIPTIONS OF FEELING ON BOTH OF THE RIGHT AND LEFT ENDS OF THE LINE. ANSWER INSTINCTIVELY WITHOUT DEEP THOUGHT.

SLEEPY AS I CANNOT KEEP MY EYES OPEN NOT SLEEPY AT ALL

FEEL HEAVY IN MY BODY AND EXHAUSTED FEEL SO LIGHT IN MY BODY

NOT WANT TO DO ANYTHING AT ALL VERY DRIVEN

UNABLE TO CONCENTRATE AT ALL ABLE TO CONCENTRATE WELL

VERY PESSIMISTIC VERY OPTIMISTIC

FIG. 2

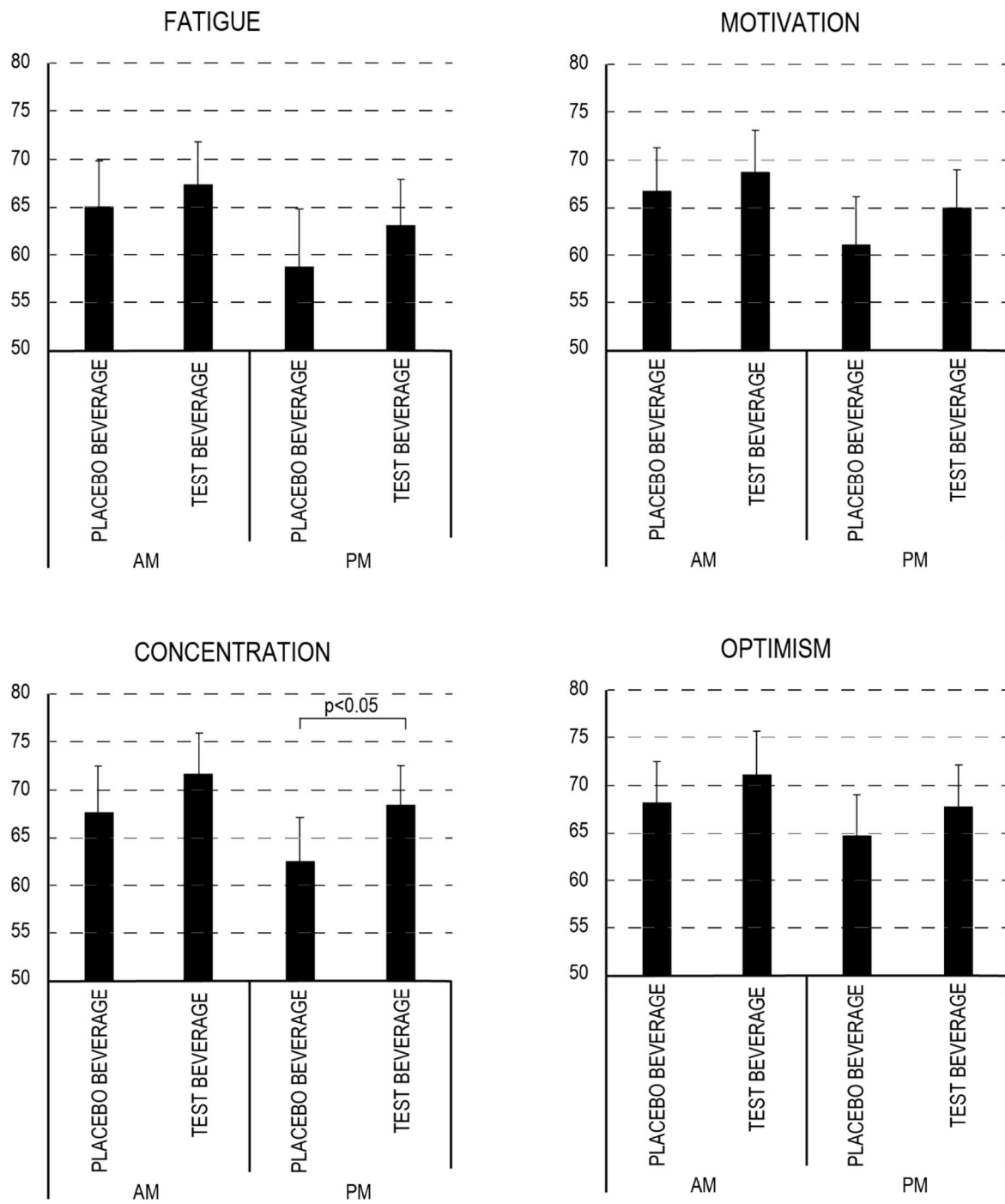


FIG. 3

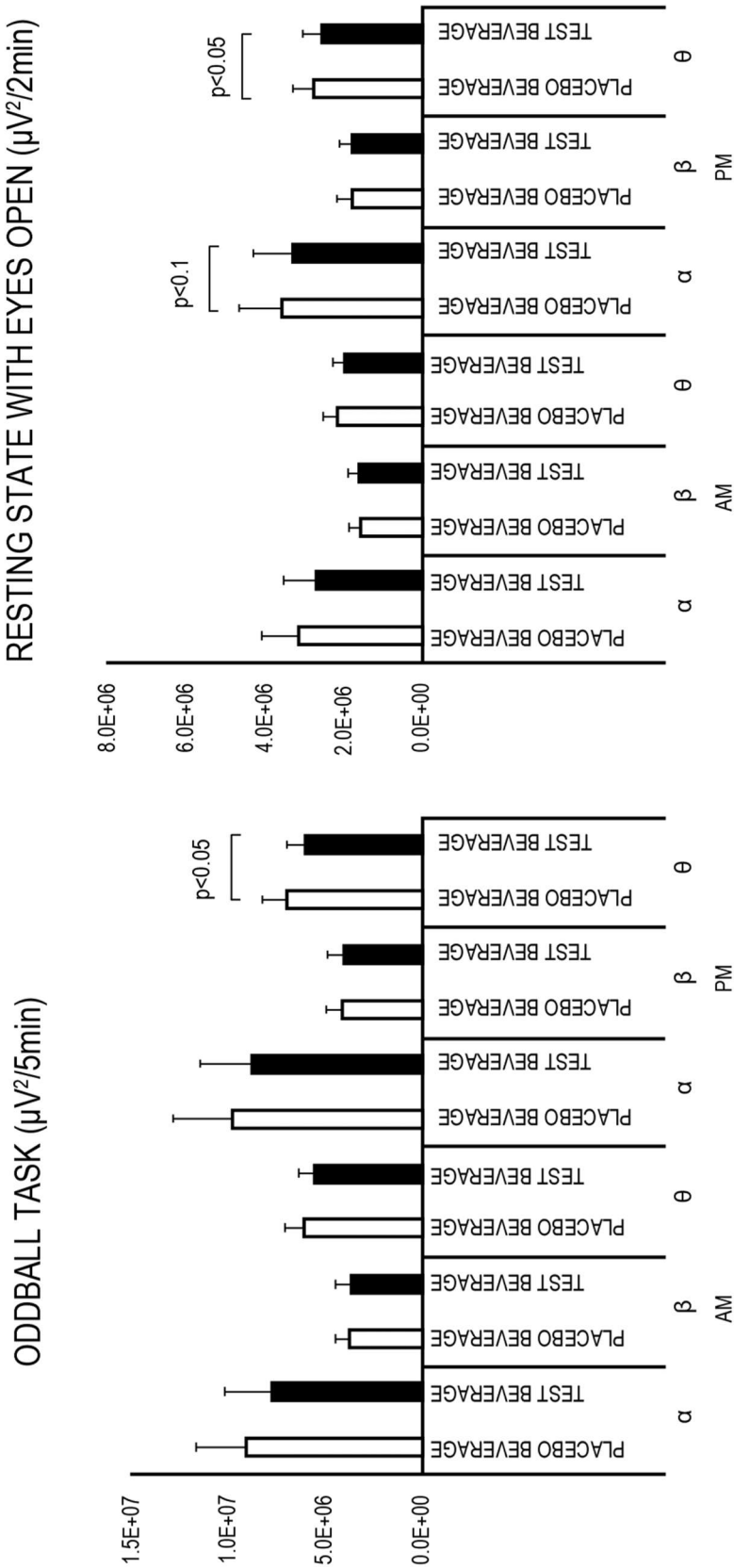


FIG. 4

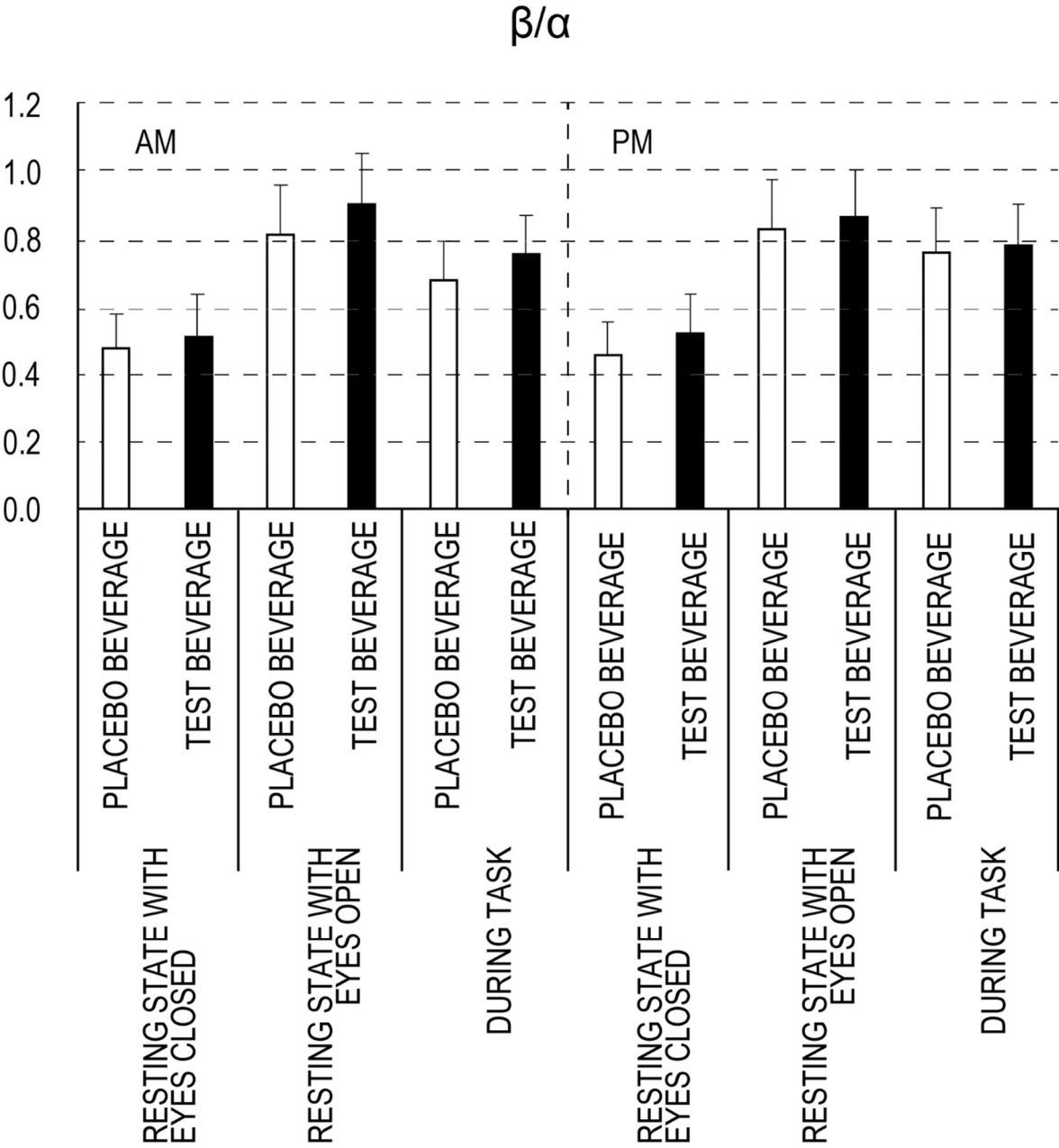


FIG. 5

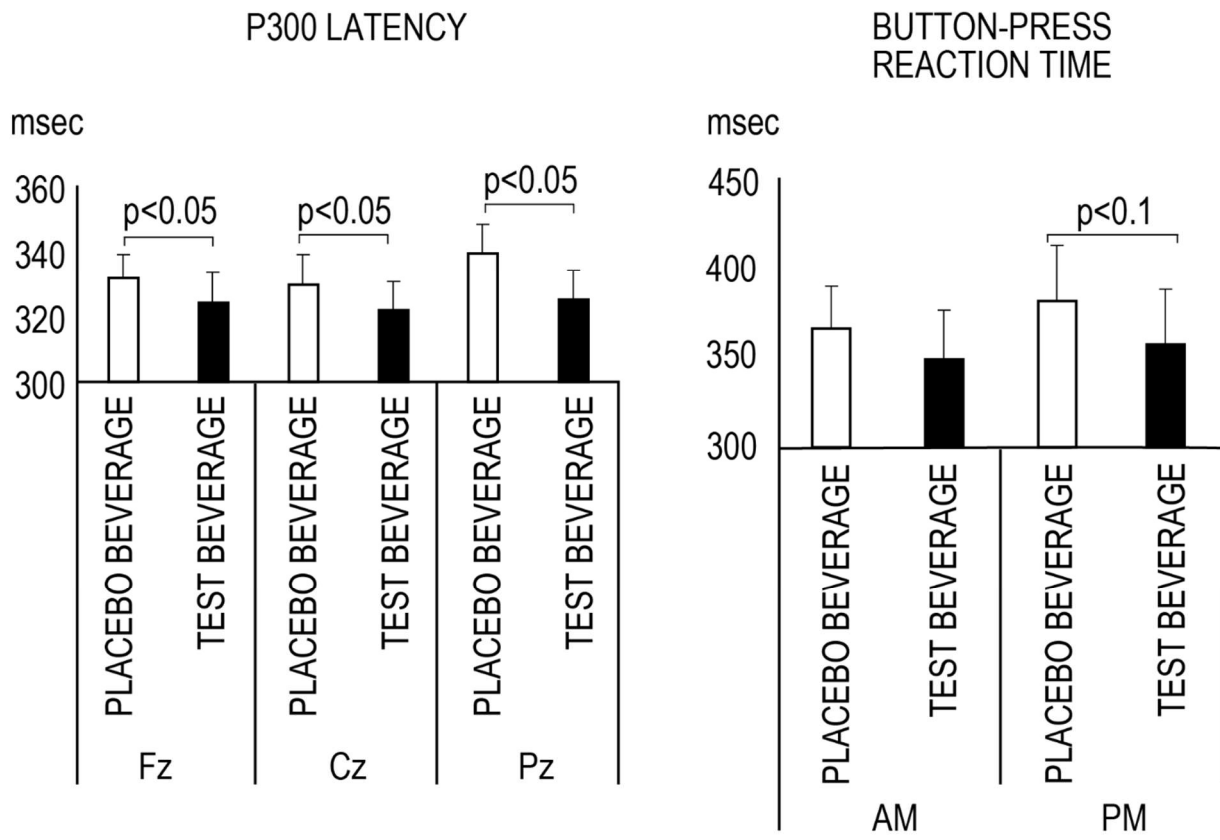


FIG. 6

