THE MAAS ROBBINS ALERTNESS QUESTIONNAIRE (MRAQ)			
Please indicate true or false for the following statements:			
	True	**False**	
1. I often need an alarm clock in order to wake up at the appropriate time.	T	F	_____
2. It's often a struggle for me to get out of bed in the morning.	T	F	_____
3. Weekday mornings I often hit the snooze bar several times.	T	F	_____
4. I often feel tired and stressed out during the week.	T	F	_____
5. I often feel moody and irritable, and little things upset me.	T	F	_____
6. I often have trouble concentrating and remembering.	T	F	_____
7. I often feel slow with critical thinking, problem solving, and being creative.	T	F	_____
8. I need caffeine to get going in the morning or make it through the afternoon.	T	F	_____
9. I often wake up craving junk food, sugars, and carbohydrates.	T	F	_____
10. I often fall asleep watching TV.	T	F	_____
11. I often fall asleep in boring meetings or lectures or in warm rooms.	T	F	_____
12. I often fall asleep after heavy meals or after a low dose of alcohol.	T	F	_____
13. I often fall asleep while relaxing after dinner.	T	F	_____
14. I often fall asleep within five minutes of getting into bed.	T	F	_____
15. I often feel drowsy while driving.	T	F	_____
16. I often sleep extra hours on the weekends.	T	F	_____
17. I often need a nap to get through the day.	T	F	_____
18. I have dark circles around my eyes.	T	F	_____
19. I fall asleep easily when watching a movie.	T	F	_____
20. I rely on energy drinks or over-the-counter medications to keep me awake.	T	F	_____

FLINDERS FATIGUE SCALE

➔ **These next questions are about fatigue. We are interested in how much you felt fatigued over the past two weeks. We do not mean feeling sleepy, but rather how much you felt tired, weary, or exhausted. Please answer these questions according to your feelings on average over the past week.**

During the past week;	**Not at all**		**Moderately**		**Extremely**	
1. Was fatigue a problem for you?	0	1	2	3	4	_____
2. Did fatigue cause problems with your everyday functioning (e.g., work, social, family)?	0	1	2	3	4	_____
3. Did fatigue cause you distress?	0	1	2	3	4	_____
	0 days	**1-2 days**	**3-4 days**	**5-6 days**	**7 days**	
4. How often did you suffer from fatigue?	0	1	2	3	4	_____

a. At what time(s) of the day did you typically experience fatigue?
(Check all responses that apply)

☐ Early morning
☐ Mid morning
☐ Midday
☐ Mid afternoon
☐ Late afternoon
☐ Early evening
☐ Late evening

Total number of boxes checked: _____ _____

	Not at all				**Extremely**	
5. How severe was the fatigue you experienced?	0	1	2	3	4	_____
6. How much was your fatigue caused by poor sleep?	0	1	2	3	4	_____

Athens Insomnia Scale (ICD-10)

Instructions: This scale is intended to record your own assessment of any sleep difficulty you might have experienced. Please, check (by circling the appropriate number) the items below to indicate your estimate of any difficulty, provided that it occurred at least three times this week[a]

1. Sleep induction (time it takes you to fall asleep after turning-off the lights) 0: No problem 1: Slightly delayed 2: Markedly delayed 3: Very delayed or did not sleep at all
2. Awakenings during the night 0: No problem 1: Minor problem 2: Considerable problem 3: Serious problem or did not sleep at all
3. Final awakening earlier than desired 0: Not earlier 1: A little earlier 2: Markedly earlier 3: Much earlier or did not sleep at all
4. Total sleep duration 0: Sufficient 1: Slightly insufficient 2: Markedly insufficient 3: Very insufficient or did not sleep at all
5. Overall quality of sleep (no matter how long you slept) 0: Satisfactory 1: Slightly unsatisfactory 2: Markedly unsatisfactory 3: Very unsatisfactory or did not sleep at all
6. Sense of well-being during the day 0: Normal 1: Slightly decreased 2: Markedly decreased 3: Very decreased
7. Functioning (physical and mental) during the day 0: Normal 1: Slightly decreased 2: Markedly decreased 3: Very decreased
8. Sleepiness during the day 0: None 1: Mild 2: Considerable 3: Intense

[a] The period of the self-assessment may vary, depending on the design of a given study. Whenever the self-assessment pertains to a period other than that of the last month, the second sentence of the instructions should be rephrased accordingly.