

Hospital Name: \_\_\_\_\_

No. Questionnaire: \_\_\_\_\_

We would like to examine how much energy you have before and after your night's sleep.

**DIRECTIONS:** Please circle a number in each of the following questions to identify how you feel **RIGHT NOW.**

For example, suppose you haven't eaten since yesterday. Which number would you circle from the following?

Not at all hungry 0 1 2 3 4 5 6 7 8 9 10      Extremely hungry.

You'd probably circle a number near "Extremely Hungry" at the end of the line:

0 1 2 3 4 5 6 7 8 9 10

**NOW PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

Not at all tired **0 1 2 3 4 5 6 7 8 9 10** Extremely tired

Not at all sleepy **0 1 2 3 4 5 6 7 8 9 10** Extremely sleepy

Not at all drowsy **0 1 2 3 4 5 6 7 8 9 10** Extremely drowsy

Not at all fatigued **0 1 2 3 4 5 6 7 8 9 10** Extremely fatigued

Not at all worn out **0 1 2 3 4 5 6 7 8 9 10** Extremely worn out

Not at all energetic **0 1 2 3 4 5 6 7 8 9 10** Extremely energetic

Not at all active **0 1 2 3 4 5 6 7 8 9 10** Extremely active

Not at all rigorous **0 1 2 3 4 5 6 7 8 9 10**      Extremely rigorous

Not at all efficient **0 1 2 3 4 5 6 7 8 9 10** Extremely efficient

Not at all lively **0 1 2 3 4 5 6 7 8 9 10** Extremely lively

Not at all bushed **0 1 2 3 4 5 6 7 8 9 10** Extremely bushed

Not at all exhausted **0 1 2 3 4 5 6 7 8 9 10** Extremely exhausted

Keeping my eyes open is no effort at all **0 1 2 3 4 5 6 7 8 9 10** Keeping my eyes open is a tremendous chore

Moving my body is no effort at all **0 1 2 3 4 5 6 7 8 9 10** Moving my body is a tremendous chore

Concentrating is no effort at all **0 1 2 3 4 5 6 7 8 9 10** Concentrating is a tremendous chore

Carrying on a conversation is no effort at all **0 1 2 3 4 5 6 7 8 9 10** Carrying on a conversation is a tremendous chore

I have absolutely no desire to close my eyes **0 1 2 3 4 5 6 7 8 9 10** I have a tremendous desire to close my eyes

I have absolutely no desire to lie down **0 1 2 3 4 5 6 7 8 9 10** I have a tremendous desire to lie down

Do you think you suffer from insomnia? Yes  No

**If Yes**, answer whether you had one or more of the following at least once a week during the past month (assessment refers to nighttime sleep).

**Sleep Induction**

- No problem
- Slightly delayed
- Markedly delayed
- Very delayed or did not sleep at all

**Overall quality of sleep**

- Satisfactory
- Slightly unsatisfactory
- Markedly unsatisfactory
- Very unsatisfactory or did not sleep at all

**Awakenings during the night**

- No problem
- Minor problem
- Considerable problem
- Serious problem or did not sleep at all

**Sense of well-being during the day**

- Normal
- Slightly decreased
- Markedly decreased
- Very decreased

**Final awakening earlier than desired**

- Not earlier
- A little earlier
- Markedly earlier
- Much earlier or did not sleep at all

**Functioning (physical and mental) during the day**

- Normal
- Slightly decreased
- Markedly decreased
- Ver decreased

**Total sleep duration**

- Sufficient
- Slightly insufficient
- Markedly insufficient
- Very insufficient or did not sleep at all

**Sleepiness during the day**

- None
- Mild
- Considerable
- Intense



We would like to know how you feel. Please check the answer that best describes how you feel in the **LAST 7 DAYS**, not just how you feel today. Below is an example of how you can fill in:

I felt happy:

- Yes, all the time.
- Yes, most of the time. *This means: "I felt happy*
- No, that often. *several times this week."*
- No, not at all.

*Please fill in the rest of the questions in the same way.*

In the last 7 days:

I have been able to laugh and see the funny side of things

- As much as I always could
- Not quite as much now
- Definitely not so much now
- Not at all

No, I have been coping as well as ever

I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

I have felt sad or miserable

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

I have blamed myself unnecessarily when things went wrong:

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

The thought of harming myself has occurred to me

- Yes, quite often
- Sometimes
- Hardly ever
- Never

I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well

If yes how many glasses per week? \_\_\_\_\_

Did you drink coffee or tea during your pregnancy?  
Yes  No

If yes how many glasses per week? \_\_\_\_\_

How much weight did you gain during pregnancy?  
Starting Weight: \_\_\_\_ Final Weight or kg gained:  
\_\_\_\_\_

## GENERAL QUESTIONS

Age: \_\_\_\_\_

Education:  High School  Bachelor's degree   
Master's  Doctorate

Nationality: Greek  Other  \_\_\_\_\_

Marital Status: Single  Married  Divorced   
Partnership

Profession: Private Employee  Civil servant   
Self-employed  Housewife  Unemployed   
Student  Other:  \_\_\_\_\_

Professional Employment of Spouse/Partner:  
Private. Employee  Civil servant   
Self-employed  Unemployed  Household   
Student  Other:  \_\_\_\_\_

Family (Monthly) Income: Under 1000 euros   
Over 1000 euros

How many children do you have in total: \_\_\_\_\_

Was there a problem before pregnancy that caused  
you concern: Spontaneous miscarriages  Ectopic  
pregnancy  No  \_\_\_\_\_

Was pregnancy desired? Yes  No

The pregnancy was: Singleton (one fetus)  
Pregnancy  Twin Pregnancy  Multiple  
Pregnancy

There were pregnancy complications such as:  
Abnormal fetal shape  Placental abnormalities   
Bleeding  Cervical insufficiency   
Hypertension  Diabetes mellitus  Other   
\_\_\_\_\_

Did you smoke during pregnancy? Yes  No   
If yes how much? \_\_\_\_ cigarettes/day

Did you drink alcohol during your pregnancy? Yes  
 No   
If yes how many glasses per week? \_\_\_\_\_

Did you drink caffeinated beverages during  
pregnancy? Yes  No

Did you wake up several times during the night  
during pregnancy? Yes  No

Did you snore during pregnancy? Yes  No

Did you do any physical activity during pregnancy?  
Yes  No  If yes, which one and how many times?  
\_\_\_\_\_ times\ week

Childbirth: Normal  Cesarean  VBAC (Natural  
Birth after Cesarean Section)

Analgesia during labor: None  Epidural  General

During the natural delivery, a perineotomy was  
performed  Embryostomy  Aspiration  
Embryostomy  None of the above

What was your gestational age when you gave  
birth? \_\_\_\_ week

Gender of newborn: Male  Female

Are you satisfied/ pleased with your delivery? Yes  
 No  If No does it bother you/ affect you so that  
it does not allow you to sleep? Yes  No

Before giving birth, you were informed about:  
Sleep  Breastfeeding  changes in the body   
Nutrition  Childbirth  Cesarean section

Who did you hear from? Books  Family   
Acquaintances/Friends  Doctor  Midwife   
Parenthood Preparation Courses

Newborn nutrition: Exclusive Breastfeeding   
Foreign Milk  Mixed feeding  : More breast  
milk/ less foreign milk  More foreign milk/ less  
breast milk

Where will the newborn sleep? In bed with you   
In a cot in your room  In a cot in a separate room

Will you have postpartum help at home? Yes  No

From whom? Spouse/Partner  Mother  Sister   
Friend  Other  \_\_\_\_\_

What hours of the 24 hours do you sleep? When the newborn also sleeps  Morning  Noon   
Afternoon  Evening

Do you snore after giving birth? Yes  No

Are you having trouble sleeping? Yes  No

Do you feel stressed/stressed after giving birth?  
Yes  No

Was the sleep you had before pregnancy of better quality? Yes  No

Have you noticed changes in your sleep after giving birth? Yes  No

Do you wake up earlier or later in the morning after giving birth than during pregnancy? Earlier  Later

Does the newborn sleep soundly at night? Yes  No

Is there a difference in your sleep between your first and other children? Yes  No

Do you feel rested after sleeping? Yes  No

**Answer the following questions True (T) or False (F)**

Sleep disorders are related to the occurrence of postpartum depression T  F

Sleep disorders are related to the occurrence of problems in pregnancy T  F

The physical changes that occur to a woman during pregnancy make it difficult for her to be able to sleep T  F

Pregnant and lactating women often wake up during sleep T  F

Sleep problems negatively affect the relationship between mother and newborn T  F

Stress and anxiety cause sleep disturbances T  F

Drowsiness is normal in pregnancy, but not in postpartum T  F

Breastfeeding creates sleep disturbances T  F

Lying-in women cannot get quality sleep T  F

Disorders and lack of sleep affect memory and reflexes T  F

**I. Reliability analysis for Visual Analogue Scale to Evaluate Fatigue Severity (VAS-F)**

Reliability Statistics	
Cronbach's Alpha	N of Items
0.787	18

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted

<b>Tired</b>	91.61	338.942	0.549	0.766
<b>Sleepy</b>	91.31	336.533	0.494	0.768
<b>Drowsy</b>	93.08	332.780	0.594	0.762
<b>Fatigued</b>	92.21	310.572	0.773	0.746
<b>Worn out</b>	92.16	312.156	0.758	0.747
<b>Energetic</b>	92.36	407.424	-0.317	0.816
<b>Active</b>	92.39	391.942	-0.130	0.808
<b>Rigorous</b>	91.89	403.861	-0.270	0.814
<b>Efficient</b>	91.59	375.202	0.059	0.797
<b>Lively</b>	92.29	397.593	-0.189	0.813
<b>Bushed</b>	91.61	317.198	0.767	0.749
<b>Exhausted</b>	92.18	322.191	0.725	0.753
<b>Keeping my eyes open</b>	93.61	320.900	0.650	0.756
<b>Moving my body</b>	92.33	324.648	0.541	0.763
<b>Concentrating</b>	94.09	342.576	0.483	0.770
<b>Carrying on a conversation</b>	94.35	334.038	0.523	0.766
<b>Desire to close my eyes</b>	91.75	349.595	0.303	0.782
<b>Desire to lie down</b>	90.89	348.180	0.336	0.780

## II. Reliability analysis for Athens Insomnia Scale

<b>Reliability Statistics</b>	
Cronbach's Alpha	N of Items
0.935	8

<b>Item-Total Statistics</b>				
	<b>Scale Mean if Item Deleted</b>	<b>Scale Variance if Item Deleted</b>	<b>Corrected Item-Total Correlation</b>	<b>Cronbach's Alpha if Item Deleted</b>
<b>Sleep induction</b>	17.25	30.905	0.808	0.924
<b>Awakenings during the night</b>	16.49	32.763	0.757	0.927
<b>Final awakening earlier than desired</b>	17.03	31.601	0.814	0.923
<b>Total sleep duration</b>	17.20	30.959	0.844	0.921
<b>Overall quality of sleep</b>	17.10	33.663	0.779	0.927
<b>Sense of well-being during the day</b>	17.11	30.630	0.779	0.927
<b>Functioning (physical and mental) during the day</b>	17.05	33.702	0.791	0.926
<b>Sleepiness during the day</b>	16.66	34.411	0.643	0.935

### III. Reliability analysis for General Sleep Disturbance Scale

<b>Reliability Statistics</b>	
Cronbach's Alpha	N of Items
0.873	21

<b>Item-Total Statistics</b>				
<b>How often in the past week did you?</b>	<b>Scale Mean if Item Deleted</b>	<b>Scale Variance if Item Deleted</b>	<b>Corrected Item-Total Correlation</b>	<b>Cronbach's Alpha if Item Deleted</b>
have difficulty getting to sleep	53.02	592.854	0.216	0.876
wake up during your sleep period	51.13	589.617	0.260	0.874
wake up too early at the end of a sleep period	51.35	575.168	0.311	0.874
feel rested upon awakening at the end of a sleep period	52.69	621.778	-0.048	0.885
sleep poorly	51.13	584.263	0.334	0.872
feel sleepy during the day	50.84	590.723	0.323	0.872
struggle to stay awake during the day	52.47	568.460	0.441	0.868
feel irritable during the day	53.65	553.251	0.566	0.864
feel tired or fatigued during the day	51.55	567.709	0.541	0.866
feel satisfied with the quality of your sleep	53.84	588.181	0.329	0.872
feel alert and energetic during the day	53.54	574.897	0.493	0.867
get too much sleep	53.93	571.672	0.420	0.869
get too little sleep	51.86	543.271	0.569	0.864
take a nap at a scheduled time	53.87	566.513	0.413	0.870
fall asleep at an unscheduled time	53.33	540.265	0.600	0.863
drink an alcoholic beverage to help you get to sleep	55.72	557.911	0.703	0.861
use tobacco to help you get to sleep	55.71	554.937	0.701	0.861
use herbal product to help you get to sleep	55.69	551.028	0.699	0.861

use an over-the counter sleeping pill to help you get to sleep	55.74	549.985	0.689	0.861
use a prescription sleeping pill to help you get to sleep	55.75	548.001	0.692	0.860
use aspirin or other pain medication to help you get to sleep	54.85	526.903	0.674	0.859

#### IV. Reliability analysis for Edinburgh Postnatal Depression Scale

Reliability Statistics	
Cronbach's Alpha	N of Items
0.821	10

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
<b>In the past 7 days</b>				
I have been able to laugh and see the funny side of things	25.47	37.403	-0.027	0.844
I have looked forward with enjoyment to things	25.57	36.854	0.051	0.837
I have blamed myself unnecessarily when things went wrong	24.22	29.729	0.519	0.804
I have been anxious or worried for no good reason	24.61	35.250	0.107	0.846
I have felt scared or panicky for no very good reason	24.16	30.116	0.572	0.797
Things have been getting on top of me	24.00	30.202	0.676	0.788
I have been so unhappy that I have had difficulty sleeping	23.61	27.796	0.826	0.768

<b>I have felt sad or miserable</b>	23.62	27.794	0.800	0.771
<b>I have been so unhappy that I have been crying</b>	23.65	27.260	0.745	0.775
<b>The thought of harming myself has occurred to me</b>	23.10	28.838	0.680	0.785

© 2025 Galanopoulou K. et al.