A Good Night’s Sleep
Lesson Evaluation

County __________________________  Date ___________________________

We’d like to know more about how your participation in this lesson has affected you. Please take a few minutes to answer these questions.

1. To what extent did the lesson increase your awareness or knowledge about the following? (Circle one number for each.)

   a. Normal patterns of sleep
   b. Common sleep disorders
   c. How to evaluate one’s own sleep and determine need for medical intervention
   d. Sleep hygiene strategies

<table>
<thead>
<tr>
<th>Very little</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
   a. Normal patterns of sleep | 4 |   |   |   |   |
   b. Common sleep disorders | 4 |   |   |   |   |
   c. How to evaluate one’s own sleep and determine need for medical intervention | 4 |   |   |   |   |
   d. Sleep hygiene strategies | 4 |   |   |   |   |

2. How would you rate the current quality and quantity of your sleep? (Circle one)

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

3. Here are some possible actions that could be taken as a result of new information in this lesson. Please check all that you intend to do.

   _____ Consult a medical provider or sleep center regarding my own sleep issues
   _____ Recommend the above for a spouse, partner, friend, or family member
   _____ Complete a two week sleep diary
   _____ Modify my bedroom environment
   _____ Use relaxation techniques
   _____ Establish a consistent sleep-wake schedule
   _____ Get regular exercise
   _____ Write down my worries
   _____ Establish a bedtime routine
   _____ Change my evening eating and/or drinking patterns
   _____ Increase my exposure to natural daylight
   _____ Leave bedroom after 20 minutes if I cannot fall asleep
   _____ Other ____________________________________________
   _____ Other ____________________________________________

Please use the back of this sheet to write any comments about the lesson.
Thank you!
Informed Consent Statement

To: A Good Night’s Sleep lesson participants

This lesson is being taught to Family and Community Education (FCE) study groups in several counties. The OSU Extension Service asks you to take 5 to 10 minutes to fill out this evaluation form so that they can assess the impact that the lesson may have on you.

The completed forms will be forwarded to OSU by your county Extension office. Your response, together with others, will be combined and used for statistical summaries only.

The summary of findings will be included in the 2008 and 2009 Extension Family and Community Development program’s annual reports that will be shared with OSU Extension administrators. The information may also be included in reports of Extension accomplishments. You’re welcome to see the results if you like.

Your participation in this evaluation is VOLUNTARY. You may choose not to participate. You are free to answer only those questions you feel comfortable answering.

The information that we acquire from you will be kept confidential to the extent permitted by law. No one will know whose responses are whose. Only the county name will be on the form. Please be sure NOT to put your name or any identifying marks on the evaluation form.

There are no foreseeable risks associated with your participation in this study. Your feedback will help the OSU Extension Service to provide lessons that meet your needs.

If you have questions about the survey, contact me at 503-623-8395. If I am not available, please leave a message so that I can return your call.

If you have questions about your rights as a human research participant, please contact the Institutional Review Board (IRB) Human Protections Administrator at 541-737-4933 or IRB@oregonstate.edu.

Sincerely,

Debra Minar Driscoll
Extension Family and Community Development Faculty