

Adolescent Sleep Hygiene Scale

Directions: Using the choices below, circle *how often* the following things have happened during the past month.

Never – has not happened

Once in Awhile – happened 20% of the time

Sometimes – happened 40% of the time

Quite Often – happened 60% of the time

Frequently, if not always – happened 80% of the time

Always – happened 100% of the time

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in Awhile (20%)					
		Never (0%)					
During the day...							
1.	...I take a nap that lasts more than 1 hour.	N	O	S	Q	F	A
2.	...I play or exercise for more than 20 minutes.	N	O	S	Q	F	A
After 6:00 in the evening...							
3.	...I have drinks with caffeine (for example: cola, root beer, iced tea, coffee).	N	O	S	Q	F	A
4.	...I take a nap.	N	O	S	Q	F	A
5.	...I do some kind of physical activity (for example: exercise, play sports).	N	O	S	Q	F	A
6.	...I smoke or chew tobacco.	N	O	S	Q	F	A
7.	...I drink beer (or some other drinks with alcohol).	N	O	S	Q	F	A
During the 1 hour before bedtime...							
8.	...I do things that make me feel calm or relaxed (for example: taking a hot bath/shower, listening to soft music, reading).	N	O	S	Q	F	A
9.	...things happen that make me feel strong emotions (sadness, anger, excitement).	N	O	S	Q	F	A
10.	...I am very active (for example: playing outside, running, wrestling).	N	O	S	Q	F	A
11.	...I do things that make me feel very awake (for example: playing video games, watching TV, talking on the telephone).	N	O	S	Q	F	A
12.	...I drink more than 4 glasses of water (or some other liquid).	N	O	S	Q	F	A

Always (100%)							
Frequently, if not Always (80%)							
Quite Often (60%)							
Sometimes (40%)							
Once in Awhile (20%)							
Never (0%)							
I go to bed...							
13.	...and do things in my bed that keep me awake (for example: watching TV, reading).	N	O	S	Q	F	A
14.	...and think about things I <i>need</i> to do.	N	O	S	Q	F	A
15.	...feeling upset.	N	O	S	Q	F	A
16.	...and replay the day’s events over and over in my mind.	N	O	S	Q	F	A
17.	...and worry about things happening at home or at school.	N	O	S	Q	F	A
18.	...with a stomachache.	N	O	S	Q	F	A
19.	...feeling hungry.	N	O	S	Q	F	A
I fall asleep...							
20.	...while listening to loud music.	N	O	S	Q	F	A
21.	...while watching TV.	N	O	S	Q	F	A
22.	...in a <i>brightly</i> lit room (for example: the overhead light is on).	N	O	S	Q	F	A
23.	...in <i>one place</i> and then move to <i>another place</i> during the night.	N	O	S	Q	F	A
24.	...in a room that feels <i>too hot</i> or <i>too cold</i> .	N	O	S	Q	F	A
I sleep...							
25.	...in a home where someone smokes cigarettes, cigars, or a pipe.	N	O	S	Q	F	A
I...							
26.	...get <i>too little</i> sleep.	N	O	S	Q	F	A
27.	...use a bedtime routine (for example: bathing, brushing teeth, reading).	N	O	S	Q	F	A
28.	...use my bed for things <i>other than sleep</i> (for example: talking on the telephone, watching TV, playing video games, doing homework).	N	O	S	Q	F	A
29.	...check my clock several times during the night.	N	O	S	Q	F	A

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in Awhile (20%)					
		Never (0%)					
During the school week, I...							
30.	...stay up more than 1 hour past my usual <u>bedtime</u> . My <u>usual</u> school night bedtime is ____:____ am pm	N	O	S	Q	F	A
31.	..."sleep in" more than 1 hour past my usual <u>wake time</u> . My <u>usual</u> school day wake time is ____:____ am pm	N	O	S	Q	F	A
On weekends, I...							
32.	...stay up more than 1 hour past my usual <u>bedtime</u> . My <u>usual</u> weekend bedtime is ____:____ am pm	N	O	S	Q	F	A
33.	..."sleep in" more than 1 hour past my usual <u>wake time</u> . My <u>usual</u> weekend wake time is ____:____ am pm	N	O	S	Q	F	A

Adolescent Sleep Wake Scale

The University of Southern Mississippi • Sleep Research Laboratory
self-report form for 12- to 18-year-old children

Directions

Using the choices below, circle *how often* the following things have happened during the past month.

Never – *has not happened*

Once in Awhile – *happened 20% of the time*

Sometimes – *happened 40% of the time*

Quite Often – *happened 60% of the time*

Frequently, if not always – *happened 80% of the time*

Always – *happened 100% of the time*

Questions 1 – 6 are <i>only</i> about you <i>Going to Bed</i> at bedtime		Always 100%					
		Frequently, if not Always 80%					
		Quite Often 60%					
		Sometimes 40%					
		Once in Awhile 20%					
		Never 0%					
When its time to go to bed...							
1.	...I want to stay up and do other things (for example: watch TV, play video games, or talk on the phone).	N	O	S	Q	F	A
In general...							
2.	...I have trouble making myself go to bed at bedtime.	N	O	S	Q	F	A
3.	...I am ready to go to bed at bedtime.	N	O	S	Q	F	A
4.	...I enjoy bedtime.	N	O	S	Q	F	A
5.	...I try to “put off” or delay going to bed.	N	O	S	Q	F	A
6.	How long do you <i>usually</i> “put off” or delay going to bed ? (a) Less than 30 minutes (b) 30 to 60 minutes (c) More than 60 minutes						

<p>Questions 8 – 13 are <i>only</i> about you</p> <p><i>Falling Asleep</i> after “lights-out”</p>		<p>Always 100%</p>					
		<p>Frequently, if not Always 80%</p>					
		<p>Quite Often 60%</p>					
		<p>Sometimes 40%</p>					
		<p>Once in Awhile 20%</p>					
		<p>Never 0%</p>					
When it's time to go to sleep (lights-out)...							
7.	...I have trouble settling down.	N	O	S	Q	F	A
8.	...I feel sleepy.	N	O	S	Q	F	A
9.	...I lie down, <u>but</u> then get up and come out of the bedroom.	N	O	S	Q	F	A
In general...							
10.	...I have trouble going to sleep.	N	O	S	Q	F	A
11.	...I <i>need help</i> getting to sleep (for example: I need to listen to music, watch TV, take medication, or have someone else in the bed with me).	N	O	S	Q	F	A
12.	...I fall asleep quickly.	N	O	S	Q	F	A
13.	How long does it <i>usually</i> take you to fall asleep after “lights out”? (a) Less than 15 minutes (b) 15 to 30 minutes (c) More than 30 minutes						
<p>Questions 14 – 20 are <i>only</i> about how</p> <p>you <i>Sleep</i> during the night</p> <p>(someone else could have told you these things)</p>							
During the night...							
14.	...I toss and turn in my bed.	N	O	S	Q	F	A
15.	...I am <i>very</i> restless.	N	O	S	Q	F	A
16.	...I moan, groan, or talk in my sleep.	N	O	S	Q	F	A
17.	...my legs kick or jerk.	N	O	S	Q	F	A
18.	...I wake up more than once.	N	O	S	Q	F	A
In general...							
19.	...I sleep soundly through the night.	N	O	S	Q	F	A
20.	How often do you <i>usually</i> wake up during the night? (a) Never (b) 1 to 2 times (c) More than 3 times						

<p>Questions 21 – 27 are <i>only</i> about you</p> <p><i>Going back to sleep</i> after waking</p> <p>during the night</p>		<p>Always 100%</p>					
		<p>Frequently, if not Always 80%</p>					
		<p>Quite Often 60%</p>					
		<p>Sometimes 40%</p>					
		<p>Once in Awhile 20%</p>					
		<p>Never 0%</p>					
After waking up during the night...							
21.	... I have trouble going back to sleep.	N	O	S	Q	F	A
22.	...I have trouble getting comfortable.	N	O	S	Q	F	A
23.	...I wake up another family member.	N	O	S	Q	F	A
24.	... I <i>need help</i> to go back to sleep (for example: I need to watch TV, read, or sleep with another person).	N	O	S	Q	F	A
25.	...I feel scared.	N	O	S	Q	F	A
26.	...I roll over and go right back to sleep.	N	O	S	Q	F	A
27.	How long does it <i>usually</i> take you to go back to sleep after waking during the night? (a) Less than 15 minutes (b) 15 to 30 minutes (c) More than 30 minutes						
<p>Questions 14 – 20 are <i>only</i> about you</p> <p><i>Waking</i> in the morning</p>							
In the morning, I wake up...							
28.	...and feel ready to get up for the day.	N	O	S	Q	F	A
29.	...feeling rested and alert.	N	O	S	Q	F	A
30.	...and just can't get going.	N	O	S	Q	F	A
In general...							
31.	...I <i>need help</i> waking up in the morning (for example: from an alarm clock or another person).	N	O	S	Q	F	A
32.	...I have trouble getting out of the bed in the morning.	N	O	S	Q	F	A
33.	How long does it take you to feel <i>completely awake</i> in the morning (circle one)? (a) Less than 5 minutes (b) 5 to 15 minutes (c) 15 to 30 minutes (d) More than 30 minutes						

Beliefs About Sleep

Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate (by circling the number) to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, **circle a number that best reflects your personal experience**. Consider the whole scale, rather than only the extremes of the continuum.

1. I need 8 hours of sleep to feel refreshed and function well during the day.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
2. When I do not get proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
3. I am concerned that chronic insomnia may have serious consequences for my physical health.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
4. I am worried that I may lose control over my abilities to sleep.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
5. After a poor night's sleep, I know that it will interfere with my daily activities on the next day.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
6. In order to be alert and function well during the day, I am better off taking a sleeping pill rather than having a poor night's sleep.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
7. When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
8. When I sleep poorly on one night, I know that it will disturb my sleep schedule for the whole week.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
9. Without an adequate night's sleep, I can hardly function the next day.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
10. I can't ever predict whether I will have a good or poor night's sleep.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
11. I have little ability to manage the negative consequences of disturbed sleep.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
12. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
13. I believe that insomnia is essentially a result of a chemical imbalance.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
14. I feel that insomnia is ruining my ability to enjoy life and prevents me from doing what I want.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
15. Medication is probably the only solution to sleeplessness.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
16. I avoid or cancel obligations (social, family, occupational) after a poor night's sleep.	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree

PDSS Questionnaire

Page 1 of 1

Please answer the following questions as best you can. Fill in one circle per question. Please use only black ink.

Example: correct ● do not ☒ ☑ ☐

1. How often do you fall asleep or get drowsy during class periods?

☐ Always ☐ Frequently ☐ Sometimes ☐ Seldom ☐ Never

2. How often do you get sleepy or drowsy while doing your homework?

☐ Always ☐ Frequently ☐ Sometimes ☐ Seldom ☐ Never

3. Are you usually alert most of the day?

☐ Always ☐ Frequently ☐ Sometimes ☐ Seldom ☐ Never

4. How often are you ever tired and grumpy during the day?

☐ Always ☐ Frequently ☐ Sometimes ☐ Seldom ☐ Never

5. How often do you have trouble getting out of bed in the morning?

☐ Always ☐ Frequently ☐ Sometimes ☐ Seldom ☐ Never

6. How often do you fall back to sleep after being awakened in the morning?

☐ Very often ☐ Often ☐ Sometimes ☐ Seldom ☐ Never

7. How often do you need someone to awaken you in the morning?

☐ Always ☐ Frequently ☐ Sometimes ☐ Seldom ☐ Never

8. How often do you think that you need more sleep?

☐ Very often ☐ Often ☐ Sometimes ☐ Seldom ☐ Never

Severity Measure for Depression—Child Age 11–17*

*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

Name: _____ Age: _____ Sex: Male ☐ Female ☐ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **7 days**? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

						Clinician Use
						Item score
		(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day	
1.	Feeling down, depressed, irritable, or hopeless?					
2.	Little interest or pleasure in doing things?					
3.	Trouble falling asleep, staying asleep, or sleeping too much?					
4.	Poor appetite, weight loss, or overeating?					
5.	Feeling tired, or having little energy?					
6.	Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?					
7.	Trouble concentrating on things like school work, reading, or watching TV?					
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?					
9.	Thoughts that you would be better off dead, or of hurting yourself in some way?					
Total/Partial Raw Score:						
Prorated Total Raw Score: (if 1-2 items left unanswered)						

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes

Name:

[illegible]