

Name _____

Date _____

SLEEP ASSESSMENT-1

Please respond to the statements below with the appropriate response to the right. Please feel free to write in additional comments.



Strongly Agree Agree Not Sure Disagree Strongly Disagree

1. I feel rested and energized	SA	A	NS	D	SD
2. I would like to feel more rested and energized	SA	A	NS	D	SD
3. I tend to dwell on things at night that make me sad / mad / afraid (<i>circle which</i>)	SA	A	NS	D	SD
4. I get frustrated when I am not able to sleep	SA	A	NS	D	SD
5. I keep a reasonably consistent sleep schedule	SA	A	NS	D	SD
6. I spend a lot of time on the internet between midnight and 6am	SA	A	NS	D	SD
7. I have scheduling demands that make it hard to keep a regular sleep schedule	SA	A	NS	D	SD
8. I use sleep aids to help me sleep (this includes ANY substance you take to help you sleep whether prescription or not and whether legal or not)	SA	A	NS	D	SD
9. The sleep aids I use are effective in helping me sleep	SA	A	NS	D	SD
10. I take naps when I need to catch up on sleep and rest	SA	A	NS	D	SD
11. I don't get sick very often	SA	A	NS	D	SD
12. I tend to overschedule myself or take on too much activity	SA	A	NS	D	SD
13. I am confident there are no medical conditions which affect my ability to sleep	SA	A	NS	D	SD
14. I am confident that restlessness or sleeplessness are not related to side effects of medications I take	SA	A	NS	D	SD
15. I regularly exercise	SA	A	NS	D	SD
16. There is a lot of noise or sounds I can hear in the place I sleep	SA	A	NS	D	SD
17. There are places or circumstances where I do sleep well	SA	A	NS	D	SD