



SLEEP QUALITY SURVEY

Instructions: The following questions relate to your sleep habits during the past monthly only. Your answer should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

During the past month,

	Less than 15 minutes (0)	16-30 minutes (1)	31-45 minutes (2)	46+ minutes (3)
1. How long (in minutes) does it take you to fall asleep at night?				
2. How many hours of actual sleep do you get at night? (This may be different than the number of hours you spend in bed)	8+ hours (0)	7-8 hours (1)	6-7 hours (2)	Less than 6 hours (3)
3. During the past month, how often have you had trouble sleeping because you...	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)
a. Wake up in the middle of the night or earlier than you'd like				
b. Have to get up to use the bathroom				
c. Cannot breathe comfortably				
d. Feel too cold				
e. Have bad dreams				
f. Have pain				
4. During the past month, often have you taken medicine (prescribed or 'over the counter') to help you sleep?				
5. During the past month, how much of a problem has it been for you to be energetic and get things done?				

Add your score from each column, then add all the column scores together.

Total Sleep Quality Score: _____

Sleep Score Summary:

0-6 points	Good Sleep Quality
7-36 points	Poor Sleep Quality