



Sleep Assessment Questionnaire

This tool is intended to help you keep track of the amount of sleep you get each day, as well as your sleepiness throughout the day. It is not intended to take the place of an evaluation by a trained medical professional. If you are having trouble sleeping or if you believe you may be suffering symptoms of depression, talk to your healthcare provider.

Answer the following questions about your sleep **in the past 2 weeks** by circling the best answer:

1. How many hours did you sleep per night on average?

3 or less	4	5	6	7	8	9	10	11 or more
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2. Was this amount:

Too little
Adequate
Too much

3. How many days did you have a problem with sleepiness during the day?

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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4. How many times did you wake up during each night on average?

0	1	2	3	4	5 or more
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5. How many days did it take you more than 30 minutes to fall asleep?

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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6. What was your usual sleep quality?

Bad
OK
Good

Guidelines for scoring and interpreting your responses

Add the scores for each of the questions above with numeric answers (questions 1, 3, 4 and 5).

Total = 0 – 10 No indication of significant sleep problems.

11 - 25 Sleep needs to be observed as a potential problem and/or an aggravating factor in treatment that may require additional attention.

≥ 26 Evidence of sleep problems that should be addressed.

Share this information, along with your answers to the remaining questions (2 and 6), with your healthcare provider.

Total 2-week score: _____

For More Information

University of Michigan Depression Center

800-475-6424 www.depressioncenter.org ©2003-2010 Regents of the University of Michigan