

Sleep Scale from the Medical Outcomes Study

1. How long did it usually take for you to fall asleep during the past 1 week?

(Circle One)

0-15 minutes.....1

16-30 minutes.....2

31-45 minutes.....3

46-60 minutes.....4

More than 60 minutes5

2. On the average, how many hours did you sleep each night during the past 1 week?

Write in number

of hours per night:

<input type="text"/>	<input type="text"/>
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How often during the past 1 week did you...

(Circle One Number On Each Line)

	All of the Time ▼	Most of the Time ▼	A Good Bit of the Time ▼	Some of the Time ▼	A Little of the Time ▼	None of the Time ▼
3. feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?	1	2	3	4	5	6
4. get enough sleep to feel rested upon waking in the morning?	1	2	3	4	5	6
5. awoken short of breath or with a headache?	1	2	3	4	5	6
6. feel drowsy or sleepy during the day?	1	2	3	4	5	6
7. have trouble falling asleep?	1	2	3	4	5	6
8. awoken during your sleep time and have trouble falling asleep again?	1	2	3	4	5	6
9. have trouble staying awake during the day?	1	2	3	4	5	6
10. snore during your sleep?	1	2	3	4	5	6
11. take naps (5 minutes or longer) during the day?	1	2	3	4	5	6
12. get the amount of sleep you needed?	1	2	3	4	5	6

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