

ASWS

INSTRUCTIONS

The following questions concern your sleep behavior in the past month. Please place a check mark or an 'X' in a box for each item. Please consider it a problem if it is causing trouble and is beyond what is normal for you. For example, check never or rarely if the behavior is not causing trouble.

In the past month, did you

		Always	Frequently, if not always	quite often	Some- times	once in a while	never
1.	When it's time to go to bed, I want to stay up and do other things (for example: watch television, play videogames, talk on the phone).						
2.	I have trouble making myself go to bed at bedtime.						
3.	I am ready to go to bed at bedtime.						
4.	I enjoy bedtime.						
5.	I try to "put off" or delay going to bed.						
6.	When it's time to go to sleep (lights-out), I have trouble settling down.						
7.	When it's time to go to sleep (lights-out), I feel sleepy.						
8.	When it's time to go to sleep (lights-out), I lie down but then get up and come out of the bedroom.						
9.	I have trouble going to sleep.						
10.	I need help getting to sleep (for example: I need to listen to music, watch television, take medication, or have someone else in the bed with me).						
11.	I fall asleep quickly.						
12.	During the night, I toss and turn in my bed.						
13.	During the night, I am very restless.						
14.	During the night, I moan, groan, or talk in my sleep.						
15.	During the night, my legs kick or jerk.						

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16.	During the night, I wake up more than once.						
17.	I sleep soundly through the night.						
18.	After waking up during the night, I have trouble going back to sleep.						
19.	After waking up during the night, I have trouble getting comfortable.						
20.	After waking up during the night, I wake up another family member.						
21.	After waking up during the night, I need help to go back to sleep (for example: I need to watch television, read, or sleep with another person).						
22.	After waking up during the night, I feel scared.						
23.	After waking up during the night, I roll over and go right back to sleep.						
24.	In the morning, I wake up and feel ready to get up for the day.						
25.	In the morning, I wake up feeling rested and alert.						
26.	In the morning, I wake up and just can't get going.						
27.	I need help waking up in the morning (for example: from an alarm clock or another person).						
28.	I have trouble getting out of the bed in the morning.						

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