

# Adolescent Sleep Hygiene Scale

Directions: Using the choices below, circle *how often* the following things have happened during the past month.

- Never – has not happened
- Once in Awhile – happened 20% of the time
- Sometimes – happened 40% of the time
- Quite Often – happened 60% of the time
- Frequently, if not always – happened 80% of the time
- Always – happened 100% of the time

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in Awhile (20%)					
		Never (0%)					
During the day...							
1.	...I take a nap that lasts <i>more than</i> 1 hour.	N	O	S	Q	F	A
2.	...I play or exercise for <i>more than</i> 20 minutes.	N	O	S	Q	F	A
After 6:00 in the evening...							
3.	...I have drinks with caffeine (for example: cola, root beer, iced tea, coffee).	N	O	S	Q	F	A
4.	...I take a nap.	N	O	S	Q	F	A
5.	...I do some kind of physical activity (for example: exercise, play sports).	N	O	S	Q	F	A
6.	...I smoke or chew tobacco.	N	O	S	Q	F	A
7.	...I drink beer (or some other drinks with alcohol).	N	O	S	Q	F	A
During the 1 hour before bedtime...							
8.	...I do things that make me feel <i>calm or relaxed</i> (for example: taking a hot bath/shower, listening to soft music, reading).	N	O	S	Q	F	A
9.	...things happen that make me feel <i>strong emotions</i> (sadness, anger, excitement).	N	O	S	Q	F	A
10.	...I am <i>very active</i> (for example: playing outside, running, wrestling).	N	O	S	Q	F	A
11.	...I do things that make me feel <i>very awake</i> (for example: playing video games, watching TV, talking on the telephone).	N	O	S	Q	F	A
12.	...I drink <i>more than</i> 4 glasses of water (or some other liquid).	N	O	S	Q	F	A

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in Awhile (20%)					
		Never (0%)					
		N	O	S	Q	F	A
<b>I go to bed...</b>							
13.	...and do things in my bed that keep me awake (for example: watching TV, reading).	N	O	S	Q	F	A
14.	...and think about things I <i>need</i> to do.	N	O	S	Q	F	A
15.	...feeling upset.	N	O	S	Q	F	A
16.	...and replay the day's events over and over in my mind.	N	O	S	Q	F	A
17.	...and worry about things happening at home or at school.	N	O	S	Q	F	A
18.	...with a stomachache.	N	O	S	Q	F	A
19.	...feeling hungry.	N	O	S	Q	F	A
<b>I fall asleep...</b>							
20.	...while listening to loud music.	N	O	S	Q	F	A
21.	...while watching TV.	N	O	S	Q	F	A
22.	...in a <b>brightly</b> lit room (for example: the overhead light is on).	N	O	S	Q	F	A
23.	...in <b>one place</b> and then move to <b>another place</b> during the night.	N	O	S	Q	F	A
24.	...in a room that feels <i>too hot</i> or <i>too cold</i> .	N	O	S	Q	F	A
<b>I sleep...</b>							
25.	...in a home where someone smokes cigarettes, cigars, or a pipe.	N	O	S	Q	F	A
<b>I...</b>							
26.	...get <i>too little</i> sleep.	N	O	S	Q	F	A
27.	...use a bedtime routine (for example: bathing, brushing teeth, reading).	N	O	S	Q	F	A
28.	...use my bed for things <i>other than sleep</i> (for example: talking on the telephone, watching TV, playing video games, doing homework).	N	O	S	Q	F	A
29.	...check my clock several times during the night.	N	O	S	Q	F	A

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in Awhile (20%)					
		Never (0%)					
During the school week, I...		N	O	S	Q	F	A
30.	...stay up <i>more than 1 hr</i> past my <u>usual</u> bedtime. My <u>usual school night</u> bedtime is ____:____ am pm						
31.	..."sleep in" <i>more than 1 hour</i> past my <u>usual</u> wake time. My <u>usual school day</u> wake time is ____:____ am pm						
On weekends, I...		N	O	S	Q	F	A
32.	...stay up <i>more than 1 hour</i> past my <u>usual</u> bedtime. My <u>usual weekend</u> bedtime is ____:____ am pm						
33.	..."sleep in" <i>more than 1 hour</i> past my <u>usual</u> wake time. My <u>usual weekend</u> wake time is ____:____ am pm						