

NMH Sleep Quiz | Part One

Directions: Your sleep quiz is broken up into four parts. For each part, read the statement in the left column and write the number (0-4) in the column that fits you best.

0 = Not At All; 1 = Occasionally; 2 = Pretty Frequently; 3 = Very Frequently; 4 = Always

Part One: Trouble Falling Asleep	Not At All 0	Occasionally 1	Pretty Frequently 2	Very Frequently 3	Always 4
I have trouble getting to sleep.					
It takes me more than 30 minutes to fall asleep.					
I take a medication or supplement to help me fall asleep.					
I use alcohol or marijuana to help me fall asleep.					
My legs are restless and/or uncomfortable before bedtime.					
I worry and/or experience a very busy mind before bedtime.					
TOTAL SCORE (add up all your numbers from each 0-4 column)					

If your total score is:

0-6: Likely no significant trouble falling asleep. | **7-12:** Likely mild trouble falling asleep.

13-18: Likely moderate trouble falling asleep. | **19-24:** Likely significant trouble falling asleep.

NMH Sleep Quiz | Part Two

Directions: Your sleep quiz is broken up into four parts. For each part, read the statement in the left column and write the number (0-4) in the column that fits you best.

0 = Not At All; 1 = Occasionally; 2 = Pretty Frequently; 3 = Very Frequently; 4 = Always

Part Two: Trouble Staying Asleep	Not At All 0	Occasionally 1	Pretty Frequently 2	Very Frequently 3	Always 4
I wake up at night.					
If I wake up at night, it takes me a long time to return to sleep.					
I wake up too early in the morning.					
When I wake up at night I feel anxious or agitated.					
TOTAL SCORE (add up all your numbers from each 0-4 column)					

If your total score is:

- 0-4:** Likely no significant trouble staying asleep. | **5-8:** Likely mild trouble staying asleep.
- 9-12:** Likely moderate trouble staying asleep. | **13-16:** Likely significant trouble staying asleep.

NMH Sleep Quiz | Part Three

Directions: Your sleep quiz is broken up into four parts. For each part, read the statement in the left column and write the number (0-4) in the column that fits you best.

0 = Not At All; 1 = Occasionally; 2 = Pretty Frequently; 3 = Very Frequently; 4 = Always

Part Three: Other Sleep Issues	Not At All 0	Occasionally 1	Pretty Frequently 2	Very Frequently 3	Always 4
My sleep is disrupted by my partner. (skip if you sleep alone)					
I disrupt the sleep of my partner. (skip if you sleep alone)					
I snore at night.					
I gasp, breathe loudly, and/or snort while I sleep					
I sleep walk.					
I have nightmares.					
I move a lot or have unusual behaviors while I sleep.					
I have medical conditions that disrupt my sleep.					
My sleep schedule is irregular.					
I get less than 5 hours of sleep each night.					
TOTAL SCORE (add up all your numbers from each 0-4 column)					

If your total score is:

0-11: Likely no significant other sleep issues. | **12-22:** Likely mild other sleep issues.

23-33: Likely moderate other sleep issues. | **34-44:** Likely significant other sleep issues.

NMH Sleep Quiz | Part Four

Directions: Your sleep quiz is broken up into four parts. For each part, read the statement in the left column and write the number (0-4) in the column that fits you best.

0 = Not At All; 1 = Occasionally; 2 = Pretty Frequently; 3 = Very Frequently; 4 = Always

Part Four: Daytime Symptoms Related To Sleep	Not At All 0	Occasionally 1	Pretty Frequently 2	Very Frequently 3	Always 4
I feel drowsy or sleepy during the day.					
I doze off during the day even when I don't want to.					
I don't feel well rested when I wake up.					
I take naps.					
I worry about the quality or quantity of my sleep.					
I feel flat, hopeless, unmotivated, or irritable during the day.					
TOTAL SCORE (add up all your numbers from each 0-4 column)					

If your total score is:

0-6: Likely no significant daytime sleepiness. | **7-12:** Likely mild daytime sleepiness.

13-18: Likely moderate daytime sleepiness. | **19-24:** Likely significant daytime sleepiness.