

SLEEP ASSESSMENT

LISTED BELOW ARE SOME QUESTIONS REGARDING YOUR SLEEP QUALITY AND HABITS. WHEN ANSWERING, CONSIDER YOUR OVERALL SLEEP FOR THE PAST 30 DAYS.

	YES	NO
DO YOU HAVE DIFFICULTY FALLING OR STAYING ASLEEP?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE DIFFICULTY STAYING AWAKE DURING THE DAYTIME (EXCESSIVE SLEEPINESS)?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE DIFFICULTY SLEEPING DURING NORMAL SLEEP HOURS AT NIGHTTIME?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE ABNORMAL BEHAVIORS DURING SLEEP WHICH DISRUPTS SLEEP?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU WAKE UP GASPING, GAGGING, OR CHOKING FOR AIR?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU SNORE?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU FEEL IRRITABLE DURING THE DAY?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE DIFFICULTY STAYING AWAKE WHEN SITTING STILL(CLASS, WATCHING TV)?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE DIFFICULTY PAYING ATTENTION OR CONCENTRATING IN CLASS OR AT WORK?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU PERFORM BELOW YOUR POTENTIAL IN WORK, SCHOOL OR SPORTS?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU OFTEN GET TOLD BY OTHERS THAT YOU LOOK TIRED?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE DIFFICULTY WITH YOUR MEMORY?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU FEEL LIKE TAKING A NAP ALMOST EVERY DAY?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU REQUIRE CAFFEINATED BEVERAGES TO KEEP YOURSELF GOING?	<input type="checkbox"/>	<input type="checkbox"/>

SCORING FOR SLEEP ASSESSMENT

FOR EACH 'YES' TALLY ONE POINT.
DIFFERENT VALUES WILL DICTATE
DIFFERENT ACTION PLANS.

0-3 POINTS:

THERE IS A GOOD CHANCE YOUR SLEEP HABITS ARE SERVING YOU WELL! CONTINUE BUILDING YOUR SLEEP ROUTINE AND ENCOURAGING YOUR PEERS TO DO THE SAME. IF YOU ARE CONCERNED ABOUT ANY SYMPTOMS YOU MAY HAVE, SEEK MEDICAL ADVICE.

4-6 POINTS:

THERE IS ROOM FOR IMPROVEMENT WITH YOUR SLEEP HABITS AND HEALTH. YOU SHOULD CONSIDER TALKING TO A MEDICAL PROFESSIONAL ABOUT YOUR SLEEP AND THE POTENTIAL HEALTH RISKS ASSOCIATED WITH IT. MAKING SMALL CHANGES TO YOUR SLEEP HABITS COULD POTENTIALLY LEAD TO BIG OUTCOMES.

7+ POINTS:

THERE IS A GOOD CHANCE YOUR SLEEP HABITS ARE HINDERING YOUR HEALTH AND WELL-BEING. WE STRONGLY ENCOURAGE YOU TO SPEAK WITH A MEDICAL PROFESSIONAL OR STUDENT COUNSELING SERVICES TO ENSURE SUCCESS HERE AT STETSON AND BEYOND.

NOTE:

THIS ASSESSMENT IS AN EDUCATIONAL TOOL AND IS NOT MEANT TO PROVIDE MEDICAL ADVICE, DIAGNOSIS OR TREATMENT OF SLEEPING DISORDERS. PLEASE SEEK PROFESSIONAL ADVICE IF YOU ARE CONCERNED ABOUT YOUR HEALTH OR ANY OTHER HEALTH ISSUES.