



Adolescent Sleep Hygiene Scale: Ages 13+

Patient Name: _____ DOB: _____ MR#: _____ Date of Service: _____

Instructions

For each statement, write the number that corresponds to how often it has happened during the **past month**.

Rating Scale

- 1 = Always (100% of the time)
- 2 = Frequently, if not always (80%)
- 3 = Quite often (60%)
- 4 = Sometimes (40%)
- 5 = Once in a while (20%)
- 6 = Never (0%)

Statements	Rating
1. During the day... I take a nap that lasts more than 1 hour.	<input type="text"/>
2. ... I play or exercise for more than 20 minutes.	<input type="text"/>
3. After 6:00 in the evening... I have drinks with caffeine (for example: cola, root beer, iced tea, coffee).	<input type="text"/>
4. ... I take a nap.	<input type="text"/>
5. ... I do some kind of physical activity (for example: exercise, play sports).	<input type="text"/>
6. ... I smoke or chew tobacco.	<input type="text"/>
7. ... I drink beer (or some other drinks with alcohol).	<input type="text"/>
8. During the 1 hour before bedtime... I do things that make me feel calm or relaxed (for example: taking a hot bath/shower, listening to soft music, reading).	<input type="text"/>
9. ... things happen that make me feel strong emotions (sadness, anger, excitement).	<input type="text"/>
10. ... I am very active (for example: playing outside, running, wrestling).	<input type="text"/>
11. ... I do things that make me feel very awake (for example: playing video games, watching TV, talking on the telephone).	<input type="text"/>
12. ... I drink more than 4 glasses of water (or some other liquid).	<input type="text"/>
13. I go to bed... and do things in my bed that keep me awake (for example: watching TV, reading).	<input type="text"/>
14. ... and think about things I need to do.	<input type="text"/>
15. ... feeling upset.	<input type="text"/>
16. ... and replay the day's events over and over in my mind.	<input type="text"/>
17. ... and worry about things happening at home or at school.	<input type="text"/>
18. ... with a stomachache.	<input type="text"/>
19. ... feeling hungry.	<input type="text"/>

20. I fall asleep... while listening to loud music.	<input type="text"/>
21. ... while watching TV.	<input type="text"/>
22. ... in a brightly lit room (for example: the overhead light is on).	<input type="text"/>
23. ... in one place and then move to another place during the night.	<input type="text"/>
24. ... in a room that feels too hot or too cold.	<input type="text"/>
25. I sleep... in a home where someone smokes cigarettes, cigars, or a pipe.	<input type="text"/>
26. I... get too little sleep.	<input type="text"/>
For question #27 ONLY, please rate as follows:	
1 = Never 2 = Once in a while 3 = Sometimes 4 = Quite often 5 = Frequently, if not always 6 = Always	
27. ... use a bedtime routine (for example: bathing, brushing teeth, reading).	<input type="text"/>
28. ... use my bed for things other than sleep (for example: talking on the telephone, watching TV, playing video games, doing homework).	<input type="text"/>
29. ... check my clock several times during the night.	<input type="text"/>
30. During the school week, I... stay up more than 1 hour past my usual bedtime. My usual school night bedtime is ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/>
31. ... sleep in more than 1 hour past my usual wake time. My usual school day wake time is ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/>
32. On weekends, I... stay up more than 1 hour past my usual bedtime. My usual weekend bedtime is ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/>
33. ... sleep in more than 1 hour past my usual wake time. My usual weekend wake time is ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/>

OFFICE USE ONLY

Mean of items 3, 10, 12, 18, 19	
Mean of items 11, 13, 28	
Mean of items 9, 14, 15, 16, 17, 29	
Mean of items 20, 21, 22, 23, 24	
Mean of items 30, 32, 33	
Mean of items 1, 4	
Mean of items 6, 7	
Value of item 27	
Total ASHS Score Mean of all 8 subscales	
Items that are not part of a subscale or the total ASHS score, but were included in the ASHS due to theoretical interest: 2, 5, 8, 25, 26, 31	