

Likert Sleep Scale

Instructions: Read each of the symptoms below and mark and X on the line to the right showing how you would rate your sleep pattern **now**.

<u>Symptom</u>	<u>Minutes to go to sleep</u>												
	50+	45	40	35	30	25	20	15	10	5	1		
Time to fall asleep	—	—	—	—	—	—	—	—	—	—	—		
Score:	0	1	2	3	4	5	6	7	8	9	10		
	<u>Number of Times</u>												
	10	9	8	7	6	5	4	3	2	1	0		
Waken during the night	—	—	—	—	—	—	—	—	—	—	—		
Score:	0	1	2	3	4	5	6	7	8	9	10		
	<u>Feel Rested Next Morning</u>												
	0	1	2	3	4	5	6	7	8	9	10		
Feel Rested Next Morning	—	—	—	—	—	—	—	—	—	—	—		
Score	None	0	1	2	3	4	5	6	7	8	9	10	Very
	<u>Overall Quality of Sleep</u>												
	0	1	2	3	4	5	6	7	8	9	10		
Overall Quality of Sleep	—	—	—	—	—	—	—	—	—	—	—		
Score	Very Poor	0	1	2	3	4	5	6	7	8	9	10	Excellent

Score: _____

Date _____ Patient ID _____