

Bronson Sleep Health

Sleep Lab

3200 W CENTRE AVE, STE. 203, PORTAGE, MI 49024

Adolescent Alertness Scale

Again, using your new scale, choose the **most appropriate number** for each question. Please note that this scale is different from the first one.

- 5 = Never (0 times per month)
- 4 = Rarely (less than 3 times per month)
- 3 = Sometimes (1-2 times per month)
- 2 = Often (3-4 times per week)
- 1 = Almost every day (5 or more times per week)

	<u>Your Answer</u>
1. I go through the whole school day without feeling tired	_____
2. I feel wide awake during the last class of the day	_____
3. I feel alert during my classes	_____
4. I feel wide awake the whole day	_____
5. When I am in class, I feel wide awake	_____

Total Score: _____

Summary of Side 1 & 2 Score: _____

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Adolescent Sleepiness Scale

Your Name: _____

Today's Date: _____

Your Age: _____

We would like to know when you feel sleepy during a normal week. Please answer these questions yourself. There are no right or wrong answers. Use the following scale to choose the **most appropriate number** for each question.

- 1 = Never (0 times per month)
- 2 = Rarely (less than 3 times per month)
- 3 = Sometimes (1-2 times per month)
- 4 = Often (3-4 times per week)
- 5 = Almost every day (5 or more times per week)

Your Answer

- 1. I fall asleep during my morning classes _____
- 2. I fall asleep during the last class of the day _____
- 3. I feel drowsy if I ride in a car for longer than five minutes _____
- 4. I fall asleep at school in my afternoon classes _____
- 5. I feel sleepy in the evening after school _____
- 6. I feel sleepy when I ride in a bus to a school event like a field trip or sports game _____
- 7. In the morning when I am in school, I fall asleep _____
- 8. I feel sleepy when I do my homework in the evening after school _____
- 9. I fall asleep when I ride in a bus, car or train _____
- 10. During the school day, there are times when I realize I have just fallen asleep _____
- 11. I fall asleep when I do schoolwork at home in the evening _____

Total Score: _____

Side 1 Over →