

## Sleep Need Questionnaire

Adapted with permission from Arthur J. Spielman, PhD, The City College of New York

### Scoring

Value assigned to each answer –

Q 1,2,3: NEVER = 1, RARELY = 2, SOMETIMES = 3, FREQUENTLY = 4, ALWAYS = 5

Q 4: NEVER = 5, RARELY = 4, SOMETIMES = 3, FREQUENTLY = 2, ALWAYS = 1

To determine what the next week's TIB should be first calculate sleep efficiency (**SE**)

**If SE ≥ 85%** -- modify TIB according to the following scores on the Sleep Need Questionnaire:

- (a) Score 9 or less → no change in TIB
- (b) Score 10 to 12 → TIB is increased by 15 minutes for that week (and another 15 minutes for the following week, if you see the patient biweekly).
- (c) Score 13 or more → TIB is increased by 30 minutes for that week (and another 30 minutes the following week, if you see the patient biweekly).

**If SE < 80%** -- reduce TIB but only if the score on the Sleep Need Questionnaire: is 9 or less.

**Otherwise** do not change TIB

## Sleep Need Questionnaire

Based on the previous week:

- 1) Did you feel tired or fatigued during the day or evening?  
NEVER \_\_ RARELY \_\_, SOMETIMES \_\_, FREQUENTLY \_\_, ALWAYS \_\_
- 2) Were you sleepy or drowsy during the day or evening?  
NEVER \_\_ RARELY \_\_, SOMETIMES \_\_, FREQUENTLY \_\_, ALWAYS \_\_
- 3) Did you take any naps or fall asleep briefly during the day or evening?  
NEVER \_\_ RARELY \_\_, SOMETIMES \_\_, FREQUENTLY \_\_, ALWAYS \_\_
- 4) Did you feel you had been getting an adequate amount of sleep?  
NEVER \_\_ RARELY \_\_, SOMETIMES \_\_, FREQUENTLY \_\_, ALWAYS \_\_

Total Score: