**Directions:**

Adolescent Sleep -Wake Scale

Using the choices below, circle how often the following things have happened during the past month.

|  |
| --- |
| **Never**  **Once in Awhile**  **Sometimes**  **Quite Often**  **Frequently, if not always**  **Always** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Questions 1 - 3 only concern you Going to Bed. | | | | | | | | |
| **Always** | | | | | | | | |
| **Frequently, if not Always** | | | | | | | |  |
| **Quite Often** | | | | | | |  |  |
| **Sometimes** | | | | | |  |  |  |
| **Once in Awhile** | | | | |  |  |  |  |
| **Never** | | | |  |  |  |  |  |
| When it’s *time to go to bed*, I... | | |  |  |  |  |  |  |
|  | …want to stay up and do other things | | N | O | S | Q | F | A |
|  | …are ready for bed at bedtime | | N | O | S | Q | F | A |
|  | …try to “put off” or delay going to bed | | N | O | S | Q | F | A |
| Questions 4 - 8 **only concern** you **Falling Asleep** & **Reinstating Sleep**. | | | | | | | | |
| When it’s *time to go to sleep* (lights-out), I… | | |  |  |  |  |  |  |
|  | | …have trouble settling down | N | O | S | Q | F | A |
|  | | …*need help* getting to sleep (for example: you need to listen to music, watch TV, take medication, or have someone else in bed with you) | N | O | S | Q | F | A |
| **After waking up during the night, I...** | | |  |  |  |  |  |  |
|  | | …have trouble going back to sleep | N | O | S | Q | F | A |
|  | | …have trouble getting comfortable | N | O | S | Q | F | A |
|  | | …*need help* to go back to sleep (for example: you need to watch TV, read, or sleep with another person) | N | O | S | Q | F | A |
|  | | Write in how long it usually takes you to fall asleep: \_\_\_\_ minutes | | | | | | |
|  | | Write in how many times do you usually awaken during the night: \_\_\_\_ times | | | | | | |
|  | | Write in how long it takes you to go back to sleep after arousing/awakening: \_\_\_\_min | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Questions 9 - 10 only concern you Waking in the Morning | | | | | | | |
| **Always** | | | | | | | |
| **Frequently, if not Always** | | | | | | |  |
| **Quite Often** | | | | | |  |  |
| **Sometimes** | | | | |  |  |  |
| **Once in Awhile** | | | |  |  |  |  |
| **Never** | | |  |  |  |  |  |
| In the morning, I wake up… | |  |  |  |  |  |  |
|  | …and feel ready to get up for the day | N | O | S | Q | F | A |
|  | …feeling rested and alert | N | O | S | Q | F | A |
|  | Write in how long it takes you to become alert in the morning: \_\_\_\_ minutes |  |  |  |  |  |  |

## Adolescent Sleep Wake Scale (ASWS) Scoring

* The ASWS provides 3 subscale scores and an overall sleep quality score.
* Higher scores indicate better success on each of the dimensions (or sleep quality).
* Response options are scored as follows:

Never (1 point)

Once in Awhile (2 points)

Sometimes (3 points)

Quite Often (4 points)

Frequently, if not Always (5 points)

Always (6 points)

Reverse scoring is needed for some items (1=6, 6=1, 2=5, 5=2, 3=4, 4=3). Reversed items are noted below with an “r” before item number.

***Going to Bed Subscale – GTB (Items 1-3)***

* Reverse score items 1, 3
* Compute the mean of the following items: r1, 2, r3

***Falling Asleep and Reinitiating Sleep Subscale – FA/RS (Items 4-8)***

* Reverse score items 4, 5, 6, 7, 8
* Compute the mean of the following items: r4, r5, r6, r7, r8

***Returning to Wakefulness Subscale – RTW (Items 9-10)***

* Compute the mean of the following items: 9, 10

***ASWS Total Sleep Quality Score - ASWSTOT***

* Compute the mean of each of the subscales (GTB, FA/RS, RTW)