

## Assessing Your Level of Alertness Worksheet

Based on the previous week, circle the number that corresponds to how you were feeling:

1) Did you feel tired or fatigued during the day or evening?

1	2	3	4	5
NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS

2) Were you sleepy or drowsy during the day or evening?

1	2	3	4	5
NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS

3) Did you take any naps or fall asleep briefly during the day or evening?

1	2	3	4	5
NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS

4) Did you feel you had been getting an adequate amount of sleep?

5	4	3	2	1
NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS

**If the sum of the values on these four questions is**

**(a) 9 or less, then no change is necessary**

**(b) 10 to 12, then increase your time-in-bed by 15 minutes.**

**(c) 13 or more, then increase your time-in-bed by 30 minutes.**