

Cleveland Adolescent Sleepiness Questionnaire

Today's Date: (fill in) ___/___/___

What is your age? (fill in years) _____ What is your sex? (check one) 1. Female 2. Male

We would like to know about when you might feel sleepy during a usual week. For each statement, mark the circle under the response that best fits with how often it applies to you. It's important to answer them yourself – don't have people help you. There are no right or wrong answers. For example, if we asked "I sleep with a pillow," and the response that best fit how often you sleep with a pillow was "often," you would mark the item as follows:

EXAMPLE	Never (0 times per month)	Rarely (less than 3 times per month)	Sometimes (1-2 times per week)	Often (3-4 times per week)	Almost every day (5 or more times per week)
I sleep with a pillow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Sleepiness Questions

	Never (0 times per month)	Rarely (less than 3 times per month)	Sometimes (1-2 times per week)	Often (3-4 times per week)	Almost every day (5 or more times per week)
1. I fall asleep during my morning classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I go through the whole school day without feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I fall asleep during the last class of the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel drowsy if I ride in a car for longer than five minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel wide-awake the whole day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I fall asleep at school in my afternoon classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (0 times per month)	Rarely (less than 3 times per month)	Sometimes (1-2 times per week)	Often (3-4 times per week)	Almost every day (5 or more times per week)
7. I feel alert during my classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel sleepy in the evening after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel sleepy when I ride in a bus to a school event like a field trip or sports game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In the morning when I am in school, I fall asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I am in class, I feel wide-awake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel sleepy when I do my homework in the evening after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel wide-awake the last class of the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I fall asleep when I ride in a bus, car, or train	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. During the school day, there are times when I realize that I have just fallen asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I fall asleep when I do schoolwork at home in the evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The authors of the Cleveland Adolescent Sleepiness Questionnaire (CASQ) invite teachers, clinicians and researchers to use the measure and to share their findings so that the CASQ may be improved. Access to a PDF of the full paper is available at: <http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=26971>. Please cite this source when using the CASQ:

Spilsbury JC, Drotar D, Rosen CL et al. The Cleveland Adolescent Sleepiness Questionnaire: a new measure to assess excessive daytime sleepiness in adolescents. *J Clin Sleep Med* 2007;3(6):603-12.

Cleveland Adolescent Sleepiness Questionnaire

Score Sheet

Name: _____

Date: ___/___/___

Once you complete the questionnaire, use the scoring keys below to determine your score for each statement. Then add the numbers together to get your total sleepiness score.

Sleepiness Statements

<u>Statement #</u>	<u>Your Score</u>
1.	_____
3.	_____
4.	_____
6.	_____
8.	_____
9.	_____
10.	_____
12.	_____
14.	_____
15.	_____
16.	_____

**Scoring Key:
Sleepiness Statements**

1 = Never
2 = Rarely
3 = Sometimes
4 = Often
5 = Almost every day

Alertness Statements

<u>Statement #</u>	<u>Your Score</u>
2.	_____
5.	_____
7.	_____
11.	_____
13.	_____

**Scoring Key:
Alertness Statements**

5 = Never
4 = Rarely
3 = Sometimes
2 = Often
1 = Almost every day

Total Score: _____

How sleepy are you? A higher score means that you are sleepy during the day and need to get more sleep on school nights. A higher score also could be a sign that you may have a sleep disorder called obstructive sleep apnea (OSA).

You should discuss your score with your parents and your doctor.

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