Your Sleep

Medical Outcomes Study (MOS) Sleep Scale

This survey asks information about your sleep.
This information will help keep track of how you feel and how well you are able to do your usual activities.

Hays, R. D., & Stewart, A. L. (1992). Sleep measures. In A. L. Stewart & J. E. Ware (eds.), Measuring functioning and well-being: The Medical Outcomes Study approach (pp. 235-259), Durham, NC: Duke University Press.

Sleep Survey Instructions

What is the purpose of the study?
The purpose is to assess sleep.

What will I be asked to do?
For this study, we want you to complete a survey today about your sleep.

Confidentiality of information?
We do not ask for your name. Your answers will be combined with those of other participants in reporting the findings of the study. Any information that would permit identification of you will be regarded as strictly confidential. In addition, all information collected will be used only for purposes of the study, and will not be disclosed or released for any other purpose without your prior consent.

Do I have to take part?
You do not have to fill out the survey and you can refuse to answer any question.

Thank you for completing these questions!

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Sleep Scale from the Medical Outcomes Study

1. How long did it usually take for you to fall asleep during the past 4 weeks?

(Circle One)

0-15 minutes……..…1

16-30 minutes……..2

31-45 minutes……..3

46-60 minutes……..4

More than 60 minutes …….5

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2. On the average, how many hours did you sleep each night during the past 4 weeks?

Write in number

of hours per night: ☐☐

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How often during the past 4 weeks did you…

(Circle One Number On Each Line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
3. feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?	1	2	3	4	5	6
4. get enough sleep to feel rested upon waking in the morning?	1	2	3	4	5	6
5. awaken short of breath or with a headache?	1	2	3	4	5	6
6. feel drowsy or sleepy during the day?	1	2	3	4	5	6
7. have trouble falling asleep?	1	2	3	4	5	6
8. awaken during your sleep time and have trouble falling asleep again?	1	2	3	4	5	6
9. have trouble staying awake during the day?	1	2	3	4	5	6
10. snore during your sleep?	1	2	3	4	5	6
11. take naps (5 minutes or longer) during the day?	1	2	3	4	5	6
12. get the amount of sleep you needed?	1	2	3	4	5	6

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