

Iowa Paediatric Daytime Sleepiness Scale (age 5-17)

Name: _____

Age (years): _____

Sex: Male / Female

Date: _____

Please answer the following questions as honestly as you can by **circling one** answer.

Scoring:

4 = Very often, Always

3 = Often, Frequently

2 = Sometimes

1 = Seldom

0 = Never

1. **How often do you fall asleep or get drowsy during class periods?**

Always Frequently Sometimes Seldom Never

2. **How often do you get sleepy or drowsy while doing your homework?**

Always Frequently Sometimes Seldom Never

3. **Are you usually alert most of the day?**

Always Frequently Sometimes Seldom Never

4. **How often are you ever tired and grumpy during the day?**

Always Frequently Sometimes Seldom Never

5. **How often do you have trouble getting out of bed in the morning?**

Always Frequently Sometimes Seldom Never

6. **How often do you fall back to sleep after being awakened in the morning?**

Always Frequently Sometimes Seldom Never

7. **How often do you need someone to awaken you in the morning?**

Always Frequently Sometimes Seldom Never

8. **How often do you think that you need more sleep?**

Always Frequently Sometimes Seldom Never