

Subject ID: _____

Date (MM/DD/YY): ___/___/_____

Pediatric Daytime Sleepiness Scale (PDSS)

Please answer the following questions as honestly as you can by circling one answer only:

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?

Very often Often 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?

Very often Often Sometimes Seldom Never