

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