

PROS-SE SCALE

Circle the numbers and *words* that most accurately describe your experience during the past month in these sleep and energy problem areas:

1. Hours of sleep per night?

7-8 HR	6-7 HR	5-6 HR	4-5 HR	<4 HR
Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

2. Initial problem falling asleep

<15 MIN	16-30 MIN	31-45 MIN	45-60 MIN	>60 MIN
Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

3. Waking after sleep onset with problem returning to sleep

Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

4. Waking caused by pain*, heart palpitations*, breathing problems*, need to urinate*

Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

5. Waking, caused by restless legs*, muscle spasms*, restlessness*

Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

6. Waking too early with problem returning to sleep

Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

7. Waking tired*, sleepy*, not refreshed*

Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

8. Sleepy while driving*, eating*, working*, or socializing

Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

9. Daytime fatigue* or weariness*

Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

10. Need medication to help you sleep (prescribed or over the counter)

1 MONTH	<1 WEEK	1-2 WEEK	3-5 WEEK	DAILY
Absent	Mild	Moderate	Severe	Extreme
0 _____	1 _____	2 _____	3 _____	4 _____

Score your answers on the next page...

Here is the Scoring

5 or less no significant problem with sleep or energy

6-15 Mild

16-25 Moderate

26- 35 Severe

36- 40 Extreme

Louis E. Kopolow, M.D.
Potomac Grove Psychiatry
8915 Shady Grove Court
Gaithersburg, Maryland 20877