**Sleep Need Questionnaire**

Adapted with permission from Arthur J. Spielman, PhD, The City College of New York

**Scoring**

Value assigned to each answer –

Q 1,2,3: NEVER = 1, RARELY = 2, SOMETIMES = 3, FREQUENTLY = 4, ALWAYS = 5

Q 4: NEVER = 5, RARELY = 4, SOMETIMES = 3, FREQUENTLY = 2, ALWAYS = 1

To determine what the next week’s TIB should be first calculate sleep efficiency **(SE)**

**If SE ≥ 85%** -- modify TIB according to the following scores on the Sleep Need Questionnaire:

1. Score 9 or less 🡪 no change in TIB
2. Score 10 to 12 🡪 TIB in increased by 15 minutes for that week (and another 15 minutes for the following week, if you see the patient biweekly).
3. Score 13 or more 🡪 TIB is increased by 30 minutes for that week (and another 30 minutes the following week, if you see the patient biweekly).

**If SE < 80%** -- reduce TIB but only if the score on the Sleep Need Questionnaire: is 9 or less.

**Otherwise** do not change TIB

**Sleep Need Questionnaire**

Based on the previous week:

1) Did you feel tired or fatigued during the day or evening?

NEVER \_\_ RARELY \_\_, SOMETIMES \_\_, FREQUENTLY \_\_, ALWAYS \_\_

2) Were you sleepy or drowsy during the day or evening?

NEVER \_\_ RARELY \_\_, SOMETIMES \_\_, FREQUENTLY \_\_, ALWAYS \_\_

3) Did you take any naps or fall asleep briefly during the day or evening?

NEVER \_\_ RARELY \_\_, SOMETIMES \_\_, FREQUENTLY \_\_, ALWAYS \_\_

4) Did you feel you had been getting an adequate amount of sleep?

NEVER \_\_ RARELY \_\_, SOMETIMES \_\_, FREQUENTLY \_\_, ALWAYS \_\_