

12. **How frequently do you use the following sleep aids to help you sleep?**
 a) Every or almost every day b) A few days/week c) A few days/month d) Rarely/Never

Over-the-counter or store-bought sleep aids	a	b	c	d
Medication prescribed by a doctor	a	b	c	d

13. **How often is it difficult to wake up on school days?**
 a) Every or almost every day b) A few days/week c) A few days/month d) Rarely/Never

14. **How often do you feel so tired or sleepy that it interferes with your school activities?**
 a) Every or almost every day b) A few days/week c) A few days/month d) Rarely/Never

15. **In the past 7 days...**

I had a problem with my sleep.
 Not as all a little bit Somewhat Quite a bit Very much

I got tired easily
 Not as all a little bit Somewhat Quite a bit Very much

I had a hard time getting things done because I was sleepy
 Not as all a little bit Somewhat Quite a bit Very much

I felt alert when I woke up
 Not as all a little bit Somewhat Quite a bit Very much

I had problems during the day because of poor sleep
 Not as all a little bit Somewhat Quite a bit Very much

I had a hard time concentrating because of poor sleep
 Not as all a little bit Somewhat Quite a bit Very much

I was sleepy during the daytime
 Not as all a little bit Somewhat Quite a bit Very much

I had trouble staying awake during the day
 Not as all a little bit Somewhat Quite a bit Very much

I often felt tired?
 Never Rarely Sometimes Often Always

How often did your fatigue limit you at school (include homework at home)?
 Never Rarely Sometimes Often Always

How often were you too tired to think clearly?
 Never Rarely Sometimes Often Always

How often did you have enough energy to exercise strenuously?
 Never Rarely Sometimes Often Always

16. **Have you ever had an accident at work or at home that you thought was, at least partially, caused by being tired?**
 a) Yes b) No

17. **How often do you drive drowsy?**
 a) Every or almost every day b) A few days/week c) A few days/month d) Rarely/Never

18. **How often have you dozed off, even for a brief moment, while at the wheel of a vehicle?**
 a) Every or almost every day b) A few days/week c) A few days/month d) Rarely/Never