

Sleep Quality Scale

Please answer the following about your health over the past one month. For each sentence below, please choose one of the following: “Strongly agree” “Agree” “Not sure” “Disagree” “Strongly disagree”

1. I had trouble sleeping.
2. I was still tired even after waking up in the morning.
3. I sometimes felt sleepy during the day.
4. I sometimes woke up suddenly after falling asleep.
5. I frequently dozed off during break periods.
6. I sometimes fell asleep when sitting down.
7. I got drowsy during times when sleeping is not allowed.
8. I yawned frequently.
9. I felt like I didn't get a deep sleep.
10. My sleepiness interfered with my work.

Note.

The 6-item for the Daytime Sleepiness subscale is number 3, 5, 6, 7, 8, and 10. The 4-item for the Sleep Difficulty subscale is number 1, 2, 4, and 9.

Kato, T. (2014). Development of the Sleep Quality Questionnaire in healthy adults. *Journal of Health Psychology, 19*, 977-986. doi: 10.1177/1359105313482168