

Sleep Satisfaction Questionnaire

Section 1	Yes	No
1. Do you have difficulty falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you wake frequently during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you wake earlier than you intend to and have difficulty going back to sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Section 2		
4. Does your sleep disturbance affect you in your studies/ work and/or social life?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the sleep difficulty occur despite adequate opportunities for sleep?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you experience sleep difficulty at least 3 nights in a week? (If yes, how many nights on average do you experience sleep difficulty? _____)	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you experienced such sleep difficulty for at least 1 month?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you experienced such sleep difficulty for at least 3 months?	<input type="checkbox"/>	<input type="checkbox"/>

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Scoring:

If you have ticked Yes to **3 or more** of the above questions, with **at least 1 Yes from Section 2**, it would be helpful to talk to a counsellor to explore ways to help you improve on your sleep.

References:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

You are welcome to book a consultation session with a counsellor at the Student Wellness Centre to discuss the results of your self-report and/or any questions which you might have. Please email us at care@sim.edu.sg to make an appointment.