

HANDOUT 7-6

Am I Sleep Deprived?

Respond to each of the following items by circling “T” for true or “F” for false.

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| T | F | 1. I need an alarm clock in order to wake up at the appropriate time. |
| T | F | 2. It’s a struggle for me to get out of bed in the morning. |
| T | F | 3. Weekday mornings I hit the snooze button several times to get more sleep. |
| T | F | 4. I feel tired, irritable, and stressed-out during the week. |
| T | F | 5. I have trouble concentrating and remembering. |
| T | F | 6. I feel slow with critical thinking, problem solving, and being creative. |
| T | F | 7. I often fall asleep watching TV. |
| T | F | 8. I often fall asleep in boring meetings or lectures or in warm rooms. |
| T | F | 9. I often fall asleep after heavy meals or after a low dose of alcohol. |
| T | F | 10. I often fall asleep while relaxing after dinner. |
| T | F | 11. I often fall asleep within five minutes of getting into bed. |
| T | F | 12. I often feel drowsy while driving. |
| T | F | 13. I often sleep extra hours on weekend mornings. |
| T | F | 14. I often need a nap to get through the day. |
| T | F | 15. I have dark circles around my eyes. |