

The Clinical Sleep Kit

CSH Phenotype Screener™

Sleep Pattern Questionnaire

Purpose: This questionnaire helps identify patterns that may be contributing to ongoing sleep difficulty. It focuses on how sleep is being maintained over time, rather than diagnosing a sleep disorder.

There are no right or wrong answers. Please answer based on your typical week, not just a particularly good or bad night.

How to Complete

- Think about your usual patterns over the past 2–4 weeks
 - Choose the response that best reflects your most common experience
 - If your schedule varies, select the answer that fits your average pattern
-

Circadian Timing (C)

Your sleep rhythm and daily timing. These questions focus on the consistency and timing of your daily schedule, which helps regulate your internal clock.

1. How consistent is your wake-up time across weekdays and weekends?

(0) Very consistent (less than 1-hour difference)

(1) Somewhat consistent (varies by 1–2 hours)

(2) Not very consistent (varies by more than 2 hours)

2. How regular is your overall daily routine (work, meals, exercise, and relaxation)?

(0) Very regular (most daily activities occur within a 1-hour window day to day)

(1) Somewhat regular (daily activities vary by 1–2 hours)

(2) Not very regular (daily activities vary by more than 2 hours)

3. Do you eat your meals around the same time each day?

(0) Very consistent (meal times vary by less than 1 hour)

(1) Somewhat consistent (meal times vary by 1–2 hours)

(2) Not very consistent (meal times vary by more than 2 hours)

4. How much artificial light are you exposed to after 7:00 p.m.?
- (0) Very low exposure (dim lamps only; no overhead lights; little to no screen use)
 - (1) Moderate exposure (overhead lights or screen use for about 30–90 minutes — TV or handheld devices)
 - (2) High exposure (bright overhead lighting and/or handheld screen use for more than 90 minutes)
5. How much outdoor or near-outdoor light do you get within the first 60 minutes after waking?
- (0) High exposure (≥ 30 minutes outdoors or sitting directly by a window in full daylight)
 - (1) Moderate exposure (10–29 minutes outdoors or by a window)
 - (2) Low exposure (less than 10 minutes outdoors or no daylight exposure)
-

Sleep Drive (S)

Behaviors that influence your body's need for sleep. These questions focus on how much sleep pressure builds up across the day based on time awake, time in bed, and sleep-related habits.

6. When you wake up in the morning, how quickly do you usually get out of bed?
- (0) Very quickly (within 10 minutes)
 - (1) Somewhat quickly (within 10–30 minutes)
 - (2) Not very quickly (often more than 30 minutes)
7. On most nights, how does your time in bed compare to how much you actually sleep?
- (0) About the same (time in bed \approx time asleep)
 - (1) Somewhat more (up to about 1 hour more time in bed than asleep)
 - (2) Much more (more than 1 hour more time in bed than asleep)
8. Do you nap during the day?
- (0) Rarely or never
 - (1) Occasionally (1–2 days per week, naps ≤ 20 minutes)
 - (2) Frequently (≥ 3 days per week or naps > 20 minutes)
9. How often do you go to bed based on the clock or another person's schedule rather than feeling sleepy?
- (0) Rarely
 - (1) Sometimes (about 2–4 nights per week)
 - (2) Often (most nights)

10. On average, how long does it take you to fall asleep after getting into bed?
- (0) Less than 20 minutes
 - (1) 20–40 minutes
 - (2) More than 40 minutes
-

Hyperarousal (H)

Thoughts, emotions, and effort around sleep. These questions focus on mental and emotional patterns that can increase alertness, threat perception, or effort around sleep.

11. How often do you worry that you won't function well the next day if you don't sleep?
- (0) Rarely (0–1 nights per week)
 - (1) Sometimes (2–4 nights per week)
 - (2) Often (5 or more nights per week)
12. How often do you attribute poor daytime functioning mainly to your sleep?
- (0) Rarely (0–1 days per week; I usually consider other factors as well)
 - (1) Sometimes (2–4 days per week)
 - (2) Often (5 or more days per week; I usually assume sleep is the main reason)
13. When you have difficulty falling asleep, how often do you find yourself trying hard to make sleep happen?
- (0) Rarely
 - (1) Sometimes
 - (2) Often
14. When you are unable to sleep, how do you usually feel in that moment?
- (0) Mostly calm or accepting
 - (1) Somewhat frustrated or anxious
 - (2) Very anxious, frustrated, or upset
15. Overall, how distressing are your sleep difficulties for you?
- (0) Not very distressing
 - (1) Somewhat distressing
 - (2) Very distressing
-

Lifestyle & Environmental Modifiers (L)

Factors that may worsen sleep but are rarely the primary cause. These questions assess environmental and lifestyle factors that can interfere with sleep quality. These factors typically modify sleep problems rather than drive them on their own.

16. How often is your sleep disrupted by noise (people, pets, traffic, devices)?

- (0) Rarely (0–1 nights per week)
- (1) Sometimes (2–4 nights per week)
- (2) Often (5 or more nights per week)

17. How comfortable is your bedroom temperature at night?

- (0) Very comfortable
- (1) Somewhat comfortable
- (2) Not very comfortable

18. How dark is your bedroom when you are trying to sleep?

- (0) Very dark (no visible light sources; you cannot easily see objects in the room)
- (1) Somewhat dark (dim light present, such as light from a hallway, streetlight, or small device indicator)
- (2) Not very dark (noticeable light in the room, such as uncovered windows, lights on, or bright device screens)

19. How often do you use caffeine or stimulants later in the day? (Examples include coffee, tea, energy drinks, soda, pre-workout, stimulant medications, or supplements.)

- (0) Rarely or never (no caffeine/stimulants after ~12:00 p.m.)
- (1) Sometimes (caffeine/stimulants between ~12:00–4:00 p.m.)
- (2) Often (caffeine/stimulants after ~4:00 p.m.)

20. How often do you use alcohol within 3 hours of bedtime?

- (0) Rarely or never
- (1) Sometimes (1–2 nights per week)
- (2) Often (3 or more nights per week)

How to Understand Your Scores

Each section reflects a **pattern that may be contributing to your sleep difficulty**. Higher scores suggest areas that may be more important to focus on.

This questionnaire does **not diagnose** a sleep disorder. Many people show patterns in more than one area.

Circadian Timing (C)

What this reflects: How consistent your sleep schedule, daily routines, and light exposure are.

- **0–4:** Your sleep timing is fairly stable. Small adjustments may still be helpful.
- **5–7:** Some inconsistency in timing may be affecting your sleep. Improving routine and light exposure could help.
- **8–10:** *The “Time Traveler” Pattern.* Irregular timing is likely playing a significant role. Focusing on consistent wake times and light exposure may be an important starting point.

Sleep Drive (S)

What this reflects: How much natural sleep pressure builds up based on time awake, time in bed, and sleep habits.

- **0–4:** Your sleep pressure appears fairly strong.
- **5–7:** Some habits may be reducing sleep pressure. Adjusting time in bed or daytime naps may help.
- **8–10:** *The “Restless Rester” Pattern.* Sleep pressure may be too low to support solid sleep. Changing when and how long you are in bed may be especially important.

Hyperarousal (H)

What this reflects: Thoughts, emotions, and effort around sleep that can keep the brain alert.

- **0–4:** Sleep-related thoughts and emotions do not appear to be a major factor.
- **5–7:** Some worry or effort around sleep may be interfering with rest.
- **8–10:** *The “Wired Sleeper” Pattern.* Stress, worry, or effort around sleep is likely playing a major role. Learning ways to reduce pressure and change how you respond to sleep difficulties may help.

Lifestyle & Environmental Modifiers (L)

What this reflects: Environmental and lifestyle factors that may worsen sleep but are rarely the main cause.

- Higher scores suggest areas that may be worth adjusting to support other sleep strategies (such as noise, light, caffeine, or alcohol timing).