## APPENDIX

## Cleveland Adolescent Sleepiness Questionnaire

Today's Date: (IIII III)/					
What is your age? (fill in years)	)	What is you	ır sex? (check	one) 1. Female	e 2. Male
We would like to know about whe the circle under the response that yourself – don't have people help sleep with a pillow," and the resp would mark the item as follows:	best fits wi	th how often i e are no right	t applies to you or wrong answe	. It's important ers. For example	to answer them e, if we asked "I
EXAMPLE	Never (0 times per month)	Rarely (less than 3 times per month)	Sometimes (1-2 times per week)	Often (3-4 times per week)	Almost every day (5 or more times per week)
I sleep with a pillow	0	0		$\bigotimes$	
	SI	eepiness Que	stions		
	Never (0 times per month)	Rarely (less than 3 times per month)	Sometimes (1-2 times per week)	Often (3-4 times per week)	Almost every day (5 or more times per week)
I fall asleep during my morning classes	0	0			
I go through the whole school day without feeling tired	0	0			
I fall asleep during the last class of the day	0	0			
I feel drowsy if I ride in a car for longer than five minutes	0	0			
<ol> <li>I feel wide-awake the whole day</li> </ol>	0	0			
I fall asleep at school in my afternoon classes	0	0	$\bigcirc$		