



JENKINS SLEEP EVALUATION QUESTIONNAIRE

ID
NUMBER:

FORM CODE:

DATE: 11/3/2023
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Ask the participant how often they have experienced the following sleep problems in the past month.

A. SLEEP PROBLEMS QUESTIONNAIRE

1. How often in the past month did you have trouble falling asleep?

Not at all 0
1-3 days 1
4-7 days 2
8-14 days 3
15-21 days 4
22-31 days 5

2. How often in the past month did you wake up several times per night?

Not at all 0
1-3 days 1
4-7 days 2
8-14 days 3
15-21 days 4
22-31 days 5

3. How often in the past month did you have trouble staying asleep (including waking far too early)?

Not at all 0
1-3 days 1
4-7 days 2
8-14 days 3
15-21 days 4
22-31 days 5

4. How often in the past month did you wake up after your usual amount of sleep feeling tired and worn out?

Not at all 0
1-3 days 1
4-7 days 2
8-14 days 3
15-21 days 4
22-31 days 5