Purpose The scale was developed in order to assess the subjective sleep quality of hospitalized individuals – those without preexisting sleep difficulties. The VSH evaluates two domains of sleep experience: disturbance (including sleep latency, mid-sleep awakenings, soundness of sleep, and movement during sleep) and effectiveness (items relating to rest upon awakening, subjective quality of sleep, and total sleep period). Though the VSH was initially an eight-item scale, six additional items were added following psychometric evaluation in order to improve the range of difficulties queried by the scale. The newest version has yet to be validated.

Population for Testing The scale has been validated with a population of individuals with no history of sleep difficulties. Participant ages ranged from 20 to 78 years.

Administration Requiring between 10 and 15 min for completion, the scale is a self-report measure of subjective sleep.

Reliability and Validity A validation study conducted by developers Snyder-Halpern and Verran [1] demonstrated an internal consistency of .82.

However, these psychometric properties apply only to the 8-item version of the questionnaire. The 14-item revised version has yet to be evaluated.

Obtaining a Copy An example of the scale's original eight items can be found in an article published by developers [1].

For the full scale, direct correspondence to:
R. Snyder-Halpern
St. Joseph's Hospital Centers
15855 Nineteen Mile Road
Mt. Clemens, MI 48043

Scoring The VSH uses a visual analogue scale examining sleep over the previous three nights. Responses are recorded along a 100 mm line, with 0 indicating that the sleep behavior or quality is not present, and 100 indicating that it is consistently experienced. The locations of the respondent's choices are measured in millimeters, and a global score is obtained by summing these each item score (items pertaining to mid-sleep awakenings, movement during sleep, and sleep latency are reversed before adding). Higher scores indicate better quality of sleep.

Verran and Snyder-Halpern Sleep Scale (VSH)

Did not awaken——Was awake 10 hours
Had no sleep——Had 10 hours' sleep
No sleep during the day yesterday——Slept 10 hours during the day
Did not sleep yesterday morning——Slept off and on yesterday morning
Did not sleep yesterday evening——Slept off and on yesterday evening
Fell asleep immediately——Did not fall asleep
Slept lightly——Slept deeply
Had no trouble with disrupted sleep——Had a lot of trouble with disrupted sleep
Didn't wake at all——Was awake off and on all night
Had no trouble falling asleep——Had a lot of trouble falling asleep
Didn't move——Tossed all night
Awoke exhausted——Awoke refreshed
After morning awakening, stayed awake——After morning awakening, dozed off and on
Had a bad night's sleep—Had a good night's sleep
Had enough sleep—Did not have enough sleep

Reference

1. Snyder-Halpern, R., & Verran, J. A. (1987). Instrumentation to describe sleep characteristics in health subjects. *Research in Nursing and Health, 10*(3), 155–163.

Representative Studies Using Scale

Higgins, P. A. (1998). Patient perception of fatigue while undergoing long-term mechanical ventilation: incidence and associated factors. *Heart and Lung, 27*(3), 177–183.

Reishtein, J. (2005). Sleep in mechanically ventilated patients. *Critical Care Nursing Clinics of North America, 17*(3), 251–255.

Call-Schmidt, T.A., Richardson, S. J. (2003). Prevalence of sleep disturbance and its relationship to pain in adults with chronic pain. *Pain Management Nursing*, 4(3), 124–33.