

Table 5.6. Sleep Hygiene Awareness and Practice Scale

Name _____ Date _____

Sleep Hygiene Knowledge

This is a survey of the effect of selected daytime behaviors upon sleep. We are interested in knowing your opinion about whether any of these daytime behaviors influence the quality and/or quantity of sleep. For the following list of behaviors, please indicate your opinion as to the extent of the general effect, if any, that each behavior may have on nightly sleep. Please use the following scale and answer each item by writing the appropriate number in the space provided. Note that numbers 1, 2, and 3 indicate degrees of *benefit* to sleep, number 4 indicates *no effect* on sleep, and numbers 5, 6, and 7 indicate degrees of *disruption* of sleep.

- | | | | | | | | | |
|---|---------------------|------------|-----------|---|---|---------------------|------------|------|
| | Beneficial to sleep | 3 | No effect | 4 | 5 | Disruptive to sleep | 6 | 7 |
| 1 | very | moderately | mildly | 4 | 5 | mildly | moderately | very |

What effect do each of these behaviors have upon sleep?

1. Daytime napping _____
2. Going to bed hungry _____
3. Going to bed thirsty _____
4. Smoking more than one pack of cigarettes a day _____
5. Using sleep medication regularly (prescription or over-the-counter) _____
6. Exercising strenuously within 2 hours of bedtime _____
7. Sleeping approximately the same length of time each night _____
8. Setting aside time to relax before bedtime _____
9. Consuming food, beverages, or medications containing caffeine _____
10. Exercising in the afternoon or early evening _____
11. Waking up at the same time each day _____
12. Going to bed at the same time each day _____
13. Drinking 3 ounces of alcohol in the evening (e.g., 3 mixed drinks, 3 beers, 3 glasses of wine) _____

Caffeine Knowledge

For each item on the following list, indicate whether you believe it contains caffeine or another stimulant by placing a Y (yes) or an N (no) in the space provided. If you are not sure, make your best guess. If you have never heard of an item please place an X in the space.

- | | | |
|----------------------------|--------------------------|-------------------------|
| ___ 7-Up soft drink | ___ lemonade | ___ Mountain Dew |
| ___ regular tea | ___ root beer | ___ cola soft drinks |
| ___ Dristan cold remedy | ___ chocolate cake | ___ Dexamtrm diet pills |
| ___ aspirin | ___ regular coffee | ___ Tylenol |
| ___ Dr. Pepper soft drink | ___ Excedrin | ___ Aqua Ban diuretic |
| ___ Midol menstrual relief | ___ Sudafed decongestant | ___ Sprite soft drink |

Sleep Hygiene Practice

For each of the following behaviors state the number of days per week (0-7) that you engage in that activity or have that experience. Base your answers on what you would consider an average week for yourself.

Indicate the number of days or nights in an average week you:

1. Take a nap _____
2. Go to bed hungry _____
3. Go to bed thirsty _____
4. Smoke more than one pack of cigarettes _____
5. Use sleeping medications (prescription or over-the-counter) _____
6. Drink beverages containing caffeine (e.g., coffee, tea, colas) within 4 hours of bedtime _____
7. Drink more than 3 ounces of alcohol (e.g., 3 mixed drinks, 3 beers, or 3 glasses of wine) within 2 hours of bedtime _____
8. Take medications/drugs with caffeine within 4 hours of bedtime _____
9. Worry as you prepare for bed about your ability to sleep _____
10. Worry during the day about your ability to sleep at night _____
11. Use alcohol to facilitate sleep _____
12. Exercise strenuously within 2 hours of bedtime _____
13. Have your sleep disturbed by light _____
14. Have your sleep disturbed by noise _____
15. Have your sleep disturbed by your bedpartner _____ (put NA if no partner)
16. Sleep approximately the same length of time each night _____
17. Set aside time to relax before bedtime _____
18. Exercise in the afternoon or early evening _____
19. Have a comfortable nighttime temperature in your bed/bedroom _____

arousal. However, optimal treatment planning will be facilitated by some knowledge of whether the client is having a significant problem with either cognitive or somatic arousal or a combination of both. Nicassio and his colleagues at Vanderbilt University have recently developed the Pre-Sleep Arousal Scale (PSAS) (Nicassio et al., 1985) to assess this phenomenon in the presleep state. The PSAS is made up of 8 somatic and 8 cognitive items combined to make a single 16-item scale (see Table 5.7). The ratings on the 5-point scale are added for the somatic items (numbers, 1, 2, 5, 7, 10, 12, 13, 15), the cognitive items (numbers 3, 4, 6, 8, 9, 11, 14, 16), and for a combined score. Normative data can be found in the 1985 paper.

Following behavior therapy for insomnia, one of the most dramatic changes is an increase in clients' perceptions of self-efficacy, or their ability to exercise influence over their own sleep-related motivation and behavior. Repeatedly, on follow-up questionnaires, our research subjects verbalized that although they did not feel they had been "cured" of

Appendices

APPENDIX A. SCORING INSTRUCTIONS FOR THE SLEEP HYGIENE AWARENESS AND PRACTICE SCALE (SHAPS)

Sleep Hygiene Knowledge

Correct answer = 1 point Item omitted = 2 points Incorrect answer = 3 points

Items 1-6, 9, and 13 are disruptive of sleep.

If responses to these questions are: 1, 2, 3, or 4, score as incorrect.
5, 6, or 7, score as correct.

Items 7, 8, 10, 11, and 12 are beneficial to sleep.

If responses to these questions are: 1, 2, or 3, score as correct.
4, 5, 6, or 7, score as incorrect.

Note: the response 4 is always incorrect.

Scores on this section may range from 13-39. Higher scores indicate less sleep hygiene knowledge.

Caffeine Knowledge

The following are the correct answers:

N	7-Up soft drink	N	lemonade	Y	Mountain Dew
Y	regular tea	N	root beer	Y	cola soft drinks
Y	Dristan cold remedy	Y	chocolate cake	Y	Dexatrim diet pills
N	aspirin	Y	regular coffee	N	Tylenol
Y	Dr. Pepper soft drink	Y	Excedrin	Y	Aqua Ban diuretic
Y	Midol menstrual relief	Y	Sudafed decongestant	N	Sprite soft drink

The score is the number correct divided by the number answered and then multiplied by 100.

Scores may range from 0 to 100. A higher score indicates better knowledge of caffeine.

Sleep Hygiene Practice

The total score is the sum of the answers to all the items; reverse the scores for items 16-19 (i.e., 0 = 7, 1 = 6, 2 = 5, 3 = 4, 4 = 3, 5 = 2, 6 = 1, 7 = 0).

Scores may range from 0 to 133; higher scores indicate less healthy sleep hygiene practice.