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Circadian Rhythm Test

This test is designed to help assess whether you have a circadian rhythm problem, the severity of the condition, and customize a schedule to shift your circadian rhythm back to its normal pattern. You may feel that some questions have more than one acceptable answer. Please choose the answer that is closest to your situation.

Energy & Mood

1) At what time of day do you feel most energetic?

- ☒ Morning
 ☐ Late afternoon
 ☐ Late night (after midnight)
 ☐ Mid-morning
 ☐ Evening
 ☐ My energy level stays about the same during the day
 ☐ Afternoon
 ☐ Night
 ☐ I lack energy or feel down most of the day

2) At what time of day do you feel down or tired? (Check all that apply)

- ☐ Morning
 ☐ Late afternoon
 ☐ Late night (after midnight)
 ☒ Mid-morning
 ☐ Evening
 ☐ I feel tired most of the time
 ☐ Afternoon
 ☐ Night
 ☐ I don't notice any specific time

3) Choose the answer that best describes your sleep and mood

How I sleep (nighttime)	My energy/mood (daytime)
<input type="checkbox"/> I get enough sleep	<input type="checkbox"/> I feel fine during the day
<input type="checkbox"/> I do not get enough sleep	<input type="checkbox"/> I feel tired or down at some point during the day
<input type="checkbox"/> I oversleep	

Sleep

4) What time do you usually fall asleep?

- ☐ Before 8 pm
 ☐ Before 11 pm
 ☐ Before 9 pm
 ☐ Before 12 am
 ☐ Rarely fall asleep
 ☒ Before 10 pm
 ☐ After midnight

5) How long do you usually lie awake before falling asleep?

- ☒ Fall asleep quickly
 ☐ Less than 2 hrs.
 ☐ 4 hrs. or more
 ☐ 30 min.
 ☐ Less than 3 hrs.
 ☐ Rarely fall asleep
 ☐ Less than 1 hr.
 ☐ Less than 4 hrs.

6) When you go to bed at your usual time, what time does your body wake up naturally? (Assume that you don't use your alarm clock and you are free from work, school, or other commitments.)

- ☐ 2:00 AM or earlier
 ☒ 5:00 AM
 ☐ 8:00 AM
 ☐ 11:00 AM
 ☐ 2:00 PM
 ☐ 3:00 AM
 ☐ 6:00 AM
 ☐ 9:00 AM
 ☐ 12:00 PM
 ☐ 3:00PM
 ☐ 4:00 AM
 ☐ 7:00 AM
 ☐ 10:00 AM
 ☐ 1:00 PM
 ☐ 4:00PM

7) What time do you need to get up each morning?

- ☐ 5:00 AM or earlier
 ☐ 6:30 AM
 ☒ 8:00 AM
 ☐ 9:30 AM
 ☐ 5:30 AM
 ☐ 7:00 AM
 ☐ 8:30 AM
 ☐ 10:00 AM
 ☐ 6:00 AM
 ☐ 7:30 AM
 ☐ 9:00 AM
 ☐ 10:30 AM or later

8) Describe how you sleep. (Assume you need to wake up at a certain time each morning.)

How I fall asleep:	My ability to stay asleep at night:	How my body naturally wakes up:
<input type="checkbox"/> Easily	<input type="checkbox"/> Usually stay asleep	<input type="checkbox"/> Much earlier than I'm supposed to
<input type="checkbox"/> Fairly easily	<input type="checkbox"/> Wake up but fall asleep again easily	<input type="checkbox"/> Earlier than I'm supposed to
<input type="checkbox"/> A little difficult	<input type="checkbox"/> Wake up but difficult to fall asleep again	<input type="checkbox"/> Without problems
<input type="checkbox"/> Difficult	<input type="checkbox"/> Difficulty staying asleep	<input type="checkbox"/> I need the alarm to wake me up
<input type="checkbox"/> Very difficult		<input type="checkbox"/> I still sleep in after the alarm
		<input type="checkbox"/> Very difficult to get up
		<input type="checkbox"/> Usually before the alarm, but sometimes I sleep in

9) What time of year do you notice sleep, energy or mood problems?

Begins:

- ☐ Early Fall (Aug/Sep)
 ☒ Late Fall (Oct/Nov)
 ☐ Winter (Dec/Jan)
 ☐ Late Winter (Feb)
 ☐ Early Spring (Mar/Apr)
 ☐ Spring/Summer (May/Jun)
 ☐ Summer (Jul/Aug)

Ends:

- ☐ Early Fall (Aug/Sep)
 ☐ Late Fall (Oct/Nov)
 ☐ Winter (Dec/Jan)
 ☒ Late Winter (Feb)
 ☐ Early Spring (Mar/Apr)
 ☐ Spring/Summer (May/Jun)
 ☐ Summer (Jul/Aug)

- ☐ My problem(s) are about the same all year round
 ☐ I don't notice problems at any time during the year

10) Circadian Rhythm Disorders differ according to age and sex. Please specify:

Age: Sex: ☒ Female ☐ Male

Results

A copy of your results will be emailed to you. Please specify the following:

First Name:
Last Name:
Email address:

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