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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 do not get enough sleep <input type="checkbox"/> I oversleep	<input type="checkbox"/> I feel fine during the day <input type="checkbox"/> I feel tired or down at some point during the day

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"/> Fairly easily <input type="checkbox"/> A little difficult <input type="checkbox"/> Difficult <input type="checkbox"/> Very difficult	<input type="checkbox"/> Usually stay asleep <input type="checkbox"/> Wake up but fall asleep again easily <input type="checkbox"/> Wake up but difficult to fall asleep again <input type="checkbox"/> Difficulty staying asleep	<input type="checkbox"/> Much earlier than I'm supposed to <input type="checkbox"/> Earlier than I'm supposed to <input type="checkbox"/> Without problems <input type="checkbox"/> I need the alarm to wake me up <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:	Ends:
<input type="radio"/> Early Fall (Aug/Sep) <input checked="" type="radio"/> Late Fall (Oct/Nov) <input type="radio"/> Winter (Dec/Jan) <input type="radio"/> Late Winter (Feb) <input type="radio"/> Early Spring (Mar/Apr) <input type="radio"/> Spring/Summer (May/June) <input type="radio"/> Summer (Jul/Aug)	<input type="radio"/> Early Fall (Aug/Sep) <input type="radio"/> Late Fall (Oct/Nov) <input type="radio"/> Winter (Dec/Jan) <input checked="" type="radio"/> Late Winter (Feb) <input type="radio"/> Early Spring (Mar/Apr) <input type="radio"/> Spring/Summer (May/June) <input type="radio"/> Summer (Jul/Aug)
<input type="radio"/> My problem(s) are about the same all year round <input type="radio"/> 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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