findyourneurotype

SAMPLE · fictional data

Sample report

Sleep Quality Test (PSQI/ Epworth)

Self-assessment questionnaire

Prepared for	Date	Questions	Reference
Ana Santos	**February 26, 2026**	**14**	**00000020**

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This report is a self-assessment tool. It is not a medical or psychological diagnosis.

Your result

31 / 42

Poor Sleep – Medical Consultation Advised

74 % of the maximum score



Sleep is significantly disrupted. Linked to depression, anxiety, and cognitive impairment.

By dimension

As a percentage of each dimension's maximum, so they can be compared.

Daytime sleepiness	**67 %**	10 / 15
Overall sleep quality	**67 %**	2 / 3
Time to fall asleep	**67 %**	2 / 3
Sleep duration	**67 %**	2 / 3
Sleep disturbances	**67 %**	6 / 9
Sleep medication	**67 %**	2 / 3
Daytime functioning	**67 %**	2 / 3
Daytime energy	**67 %**	2 / 3

What your answers say

Written by Claude (Anthropic) from your answers.

Thank you for taking the time to complete this sleep quality screening and for being willing to look closely at how rest, or the lack of it, has been affecting your life. Sleep struggles are incredibly common, and reaching out to understand your patterns better is a meaningful and proactive step. Many people carry ongoing tiredness, restless nights, or foggy days without ever pausing to name what's happening, so simply engaging with this process already reflects real self-awareness and care for your wellbeing.

Your results, a total score of 31 out of 42, fall into a range suggesting poor sleep quality that would benefit from medical attention. Looking at the breakdown, your scores across sleep quality, daytime dysfunction, and sleep disturbance are all elevated, which suggests this isn't just one isolated issue but rather a pattern touching multiple parts of your rest and daily functioning. In plain terms, this means you may be experiencing difficulty falling or staying asleep, waking up feeling unrefreshed, and noticing that fatigue is spilling over into your concentration, mood, or energy during the day. This combination is worth taking seriously, though it's also very treatable with the right support.

There are some gentle, practical steps that may help in the meantime. Establishing a consistent sleep and wake time, even on weekends, can help regulate your body's internal clock. Reducing screen exposure and stimulating activity in the hour before bed, and creating a calm, dark, cool sleeping environment, can also support better sleep onset. Paying attention to caffeine and alcohol intake, especially later in the day, may reduce disruptions to your sleep cycle as well. These small adjustments won't solve everything on their own, but they can create a more supportive foundation for rest.

Please remember that this screening is not a diagnosis, but rather a helpful starting point for a larger conversation. Bringing these results to a doctor or sleep specialist can open the door to a more thorough evaluation and personalized care, whether that involves addressing an underlying sleep disorder, stress, or other health factors. You deserve restorative rest, and with the right guidance, meaningful improvement is very much within reach.

Next steps

Pick one or two. Regularity matters more than duration.

Recommendation

Poor Sleep – Medical Consultation Advised

Consult a doctor or sleep specialist. CBT-I is the most effective first-line treatment.

To talk about it with a professional

Psychologist, therapist, doctor: this report can start the conversation.

- Bring page 2 (result by dimension).
- Note one or two situations that were hard for you lately.
- Say what you would like to change, even vaguely.

Need to talk to someone now? Call Suicide & Crisis Lifeline on **988**, or 911 in an emergency.

This report is a self-assessment tool. It does not replace an assessment by a professional. For a reliable diagnosis, see a neuropsychologist, a psychiatrist or another qualified healthcare professional.

Prepare your appointment

Doctor, psychiatrist, psychologist, neuropsychologist: bring this page. Fill it in a few days before, when examples come to mind.

My key figures

Sleep Quality Test (PSQI/Epworth) · 31 / 42 (74 %) · Poor Sleep - Medical Consultation Advised

Most marked: Daytime sleepiness (67 %)

Test taken on February 26, 2026 · reference 00000020

Examples from my daily life

Work or studies, home, relationships: two or three concrete situations, with what happened.

Since when?

Was it already there in childhood or adolescence? School reports or a relative's memories can help.

What I would like to change

Even vaguely: what costs you the most energy today.

Questions I can ask

- ☐ Is a full assessment useful in my case, and with whom?
- ☐ How long is the wait, and what can I do in the meantime?
- ☐ Could something else explain this (sleep, stress, thyroid, another condition)?
- ☐ What support exists, at work or in my studies?
- ☐ What should I bring next time?

Your answers

Each answer and the points it adds.

#	Question	Your answer	Pts
Overall sleep quality · 2 / 3			
1	During the past month, how would you rate your overall sleep quality?	Fairly poor	**2**
Time to fall asleep · 2 / 3			
2	How long does it usually take you to fall asleep at night?	31–60 min	**2**
Sleep duration · 2 / 3			
3	How many hours of actual sleep do you get per night on average?	5–6 hours	**2**
Sleep disturbances · 6 / 9			
4	How often do you wake up during the night and cannot get back to sleep?	2 nights/week	**2**
5	How often do you feel too hot or too cold while trying to sleep?	2 nights/week	**2**
6	How often does noise, light or discomfort disturb your sleep?	2 nights/week	**2**
Sleep medication · 2 / 3			
7	How often do you take medication to help you sleep?	2 nights/week	**2**
Daytime functioning · 2 / 3			
8	How often have you had trouble staying awake while driving, eating, or socializing?	Once or twice a week	**2**
Daytime energy · 2 / 3			
9	How often have you had difficulty keeping up enthusiasm to get things done?	Once or twice a week	**2**
Daytime sleepiness · 10 / 15			
10	Chance of dozing: Sitting and reading	Moderate chance	**2**
11	Chance of dozing: Watching TV or a screen	Moderate chance	**2**
12	Chance of dozing: Sitting in a public place (meeting, theater)	Moderate chance	**2**
13	Chance of dozing: As a passenger in a car for one hour	Moderate chance	**2**
14	Chance of dozing: Lying down to rest in the afternoon	Moderate chance	**2**