

Purpose Consisting of ten items, the ZOGIM-A was created as an efficient and inexpensive alternative to laboratory measures such as the Maintenance of Wakefulness Test (MWT). The scale evaluates a respondent's experiences with alertness over the course of the day, querying the subjective impact of environmental factors (e.g., caffeine, exercise), the anticipated benefits of increased energy levels, and the perceived proportion of the day spent at high levels of alertness. Just as the Epworth Sleepiness Scale (Chap. 29) acts as a complementary measure to the Multiple Sleep Latency Test rather than a pure facsimile, the ZOGIM-A functions well in conjunction with the THAT (Chap. 96), which measures a different facet of alertness.

Population for Testing The scale has been validated with a sample of patients referred to a sleep clinic for evaluation whose mean age was 42 ± 14 .

Administration The scale is self-administered using paper and pencil requiring approximately 5 min for completion.

Reliability and Validity Shapiro and colleagues [1] evaluated the scale's psychometric properties and found an internal consistency ranging from .93 to .95 and a test-retest reliability of .68. Additionally, scores on the ZOGIM-A differed significantly for patients found to possess narcolepsy.

Obtaining a Copy A copy is included in a study published by Shapiro and colleagues (2006).

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Scoring ZOGIM-A items are scored using a five-point, Likert-type scale ranging from 1 ("extremely") to 5 ("not at all"). Summing the scores obtained on each item provides a global index – lower scores denote impaired alertness while higher scores indicate high alertness.

ZOGIM-A

This brief questionnaire deals with your level of alertness. Use the following scale to check one response for each question.

Alertness can be affected by different experiences. How might your alertness be affected by each of the following?	Not at all 5	Slightly 4	Moderately 3	Largely 2	Extremely 1
a. Losing about 30 min of nighttime sleep.					
b. Doing about 30 min of exercise.					
c. Not drinking coffee or other foods that contain caffeine.					
d. Taking a 1-week vacation.					
e. Forgetting about your worries.					
If you were more alert	Not at all 5	Slightly 4	Moderately 3	Largely 2	Extremely 1
a. Would you be able to organize your day-to-day activities more effectively?					
b. Would you be able to complete your tasks more methodically?					
c. Would your new ideas occur to you more readily?					
d. Would you make fewer careless mistakes?					
e. What proportion of the day do you feel a high level of alertness?	5 90-100%	4 50-90%	3 10-15%	2 0-15%	1 0%

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Reference

- Shapiro, C. M., Auch, C., Reimer, M., Kayumov, L., Heslegrave, R., Huterer, N., Driver, H., & Devins, G. M. (2006). A new approach to the construct of alertness. *Journal of Psychosomatic Research*, *60*(6), 595–603.
- Kayumov, L., Brown, G., Jindal, R., Buttoo, K., & Shapiro, C. M. (2001). A randomized, double-blind, placebo-controlled crossover study of the effect of exogenous melatonin on delayed sleep phase syndrome. *Psychosomatic Medicine*, *63*, 40–48.

Representative Studies Using Scale

- Hossain, N., Irvine, J., Ritvo, P., Driver, H. S., & Shapiro, C. M. (2007). Evaluation and treatment of sleep complaints: patients' subjective responses. *Psychotherapy and Psychosomatics*, *76*(6), 395–399.