

Integrative Insomnia & Sleep Health Center

Name: _____

Date: _____

INSOMNIA SEVERITY INDEX

For each of the items below, please **circle** the number that most closely corresponds to how you feel.

1. Please rate the **CURRENT** (i.e. last 2 weeks) severity of your insomnia problem(s).

| | No Problem | Mild | Moderate Problem | Severe | Very Severe |
|------------------------------|---------------|------|---------------------|--------|----------------|
| Difficulty Falling Asleep : | 0 | 1 | 2 | 3 | 4 |
| Difficulty Staying Asleep: | 0 | 1 | 2 | 3 | 4 |
| Problem Waking Up too Early: | 0 | 1 | 2 | 3 | 4 |

2. How **SATISFIED**/dissatisfied are you with your **CURRENT** sleep pattern?

| Very Satisfied | | Moderately Satisfied | | Very Dissatisfied | |
|-------------------|-------|-------------------------|---|----------------------|---|
| 0 | _____ | 1 | 2 | 3 | 4 |

3. To what extent does this sleep problem **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood) **CURRENTLY**?

| Not at all Interfering | | Somewhat | | Very Much Interfering | |
|---------------------------|-------|----------|---|--------------------------|---|
| 0 | _____ | 1 | 2 | 3 | 4 |

4. How **NOTICEABLE** to others do you think your sleep problem is in terms of impairing the quality of your life?

| Not at all Noticeable | | Somewhat | | Very Much Noticeable | |
|--------------------------|-------|----------|---|-------------------------|---|
| 0 | _____ | 1 | 2 | 3 | 4 |

5. How **WORRIED**/distressed are you about your sleep problem?

| Not at all Worried | | Somewhat | | Very Much Worried | |
|-----------------------|-------|----------|---|----------------------|---|
| 0 | _____ | 1 | 2 | 3 | 4 |

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Beliefs and Attitudes about Sleep (DBAS)

Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, circle the number that corresponds to your own personal belief. Please respond to all items even though some may not apply directly to your own situation.

1. I need 8 hours of sleep to feel refreshed and function well during the day.

| | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|----|----------------|
| Strongly Disagree | | | | | | | | | | Strongly Agree |
| Disagree | | | | | | | | | | Agree |
| <hr/> | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

2. When I don't get proper amount of sleep on a given night, I need to catch up the next day by napping or on the next night by sleeping longer.

| | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|----|----------------|
| Strongly Disagree | | | | | | | | | | Strongly Agree |
| | | | | | | | | | | |
| <hr/> | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

3. I am concerned that chronic insomnia may have serious consequences on my physical health.

| | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|----|----------------|
| Strongly Disagree | | | | | | | | | | Strongly Agree |
| | | | | | | | | | | |
| <hr/> | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

4. I am worried that I may lose control over my abilities to sleep.

| | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|----|----------------|
| Strongly Disagree | | | | | | | | | | Strongly Agree |
| | | | | | | | | | | |
| <hr/> | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

5. After a poor night's sleep, I know that it will interfere with my daily activities the next day.

| | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|----|----------------|
| Strongly Disagree | | | | | | | | | | Strongly Agree |
| | | | | | | | | | | |
| <hr/> | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

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6. In order to be alert and function well during the day, I believe I would be better off taking a sleeping pill rather than having a poor night's sleep.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

7. When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

8. When I sleep poorly on one night, I know it will disturb my sleep schedule for the whole week.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

9. Without an adequate night's sleep, I can hardly function the next day.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

10. I can't ever predict whether I'll have a good or poor night's sleep.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

11. I have little ability to manage the negative consequences of disturbed sleep.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

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12. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

13. I believe insomnia is essentially the result of a chemical imbalance.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

14. I feel insomnia is ruining my ability to enjoy life and prevents me from doing what I want.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

15. Medication is probably the only solution to sleeplessness

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

16. I avoid or cancel obligations (social, family) after a poor night's sleep.

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| Strongly Disagree | | | | | | | | | | | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

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SAA

Circle the one phrase for each item that best represents the extent to which you agree with that item.

When I try to fall asleep at night:

1. **my muscles are tense.**

Strongly Disagree Disagree Agree Strongly Agree

2. **my heart is beating rapidly.**

Strongly Disagree Disagree Agree Strongly Agree

3. **I feel “shaky” (trembling).**

Strongly Disagree Disagree Agree Strongly Agree

4. **I become short of breath.**

Strongly Disagree Disagree Agree Strongly Agree

5. **I become aware of my body (feeling itches, sweat, pain, nausea).**

Strongly Disagree Disagree Agree Strongly Agree

6. **I can’t stop my mind from racing.**

Strongly Disagree Disagree Agree Strongly Agree

7. **I worry that I won’t be able to fall asleep.**

Strongly Disagree Disagree Agree Strongly Agree

8. **I worry that I won’t get enough sleep.**

Strongly Disagree Disagree Agree Strongly Agree

9. **I worry that I won’t be able to function the next day if I don’t sleep.**

Strongly Disagree Disagree Agree Strongly Agree

10. **I worry that I will be tired and irritable the next day if I don’t sleep.**

Strongly Disagree Disagree Agree Strongly Agree

FATIGUE SEVERITY SCALE

The Fatigue Severity Scale (FSS) is a method of evaluating the impact of fatigue on you. The FSS is a short questionnaire that requires you to rate your level of fatigue. The questionnaire contains nine statements that rate the severity of your fatigue symptoms. Read each statement and circle a number from 1 to 7, based on how accurately it reflects your condition during the past week and the extent to which you agree or disagree that the statement applies to you. It is important that you circle a number (1 to 7) for every question.

A low value (e.g., 1) indicates strong disagreement with the statement, whereas a high value (e.g., 7) indicates strong agreement.

| During the past week, I have found that: | Disagree <-----> Agree | | | | | | |
|---|------------------------|---|---|---|---|---|---|
| My motivation is lower when I am fatigued. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Exercise brings on my fatigue. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I am easily fatigued. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Fatigue interferes with my physical functioning. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Fatigue causes frequent problems for me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| My fatigue prevents sustained physical functioning. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Fatigue interferes with carrying out certain duties & responsibilities. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Fatigue is among my three most disabling symptoms. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Fatigue interferes with my work, family, or social life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

TOTAL SCORE:

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

| | Not at All | Several Days | More than Half The days | Nearly Every Day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING 0 + _____ + _____ + _____ = Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Not difficult at all | Somewhat Difficult | Very Difficult | Extremely Difficult |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues.

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GAD-7

Over the last 2 weeks, how often have you been bothered by any of the following problems?

| | Not at All | Several Days | More than Half The days | Nearly Every Day |
|--|------------|--------------|-------------------------|------------------|
| 1. Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

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Life Stress Scale

Please place an "X" beside any of the following events you have experienced during the past year.

| | | X |
|---|-----|----------|
| Death of a spouse | 100 | _____ |
| Divorce..... | 73 | _____ |
| Marital Separation | 65 | _____ |
| Death of close relative | 63 | _____ |
| Personal injury or illness..... | 53 | _____ |
| Marriage..... | 50 | _____ |
| Fired from job..... | 47 | _____ |
| Marital reconciliation..... | 45 | _____ |
| Retirement | 45 | _____ |
| Change in health of family member | 44 | _____ |
| Pregnancy | 40 | _____ |
| Sexual problems..... | 39 | _____ |
| Gain of new family member | 39 | _____ |
| Change in financial status | 38 | _____ |
| Death of close friend | 37 | _____ |
| Change to a career or line of work | 36 | _____ |
| Change in number of arguments with spouse..... | 35 | _____ |
| Mortgage or loan for major purchase | 31 | _____ |
| Foreclosure of mortgage..... | 30 | _____ |
| Change in responsibility at work..... | 29 | _____ |
| Son or daughter leaving home..... | 29 | _____ |
| Trouble with in-laws..... | 29 | _____ |
| Outstanding personal achievement | 28 | _____ |
| Husband/wife starting or stopping work | 26 | _____ |
| Begin or end school | 26 | _____ |
| Revision of personal habits | 24 | _____ |
| Trouble with supervisor/ colleagues | 23 | _____ |
| Change in working hours | 20 | _____ |
| Change in working conditions | 20 | _____ |
| Change in residence..... | 20 | _____ |
| Change in school | 20 | _____ |
| Change in recreation | 19 | _____ |
| Change in church activities | 19 | _____ |
| Change in social activities | 18 | _____ |
| Mortgage or loan for lesser purchase (car, etc.)..... | 17 | _____ |
| Change in sleeping habits | 16 | _____ |
| Change in number of family get togethers..... | 15 | _____ |
| Change in eating habits | 15 | _____ |
| Vacation | 13 | _____ |
| Christmas | 12 | _____ |
| Minor violations of the law (traffic tickets, etc.) | 11 | _____ |