INSOMNIA SEVERITY

For each question, please *indicate* the number that best describes your answer.
Please rate the *CURRENT (i.e. LAST 2 WEEKS) SEVERITY* of your insomnia problem(s).

1. Please rate the current **severity** of your insomnia.	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4
a. Difficulty falling asleep	☐	☐	☐	☐	☐
b. Difficulty staying asleep	☐	☐	☐	☐	☐
c. Problem waking up too early	☐	☐	☐	☐	☐
2. How **satisfied** /dissatisfied are you with your current sleep pattern?	Very Satisfied 0 ☐	A Little 1 ☐	Somewhat 2 ☐	Much 3 ☐	Very Dissatisfied 4 ☐
3. To what extent do you consider your sleep problem to **interfere** with your daily functioning (e.g., daytime fatigue, ability to function at work, daily chores, concentration, memory, mood, etc.)?	Not At all Interfering 0 ☐	A Little 1 ☐	Somewhat 2 ☐	Much 3 ☐	Very Much Interfering 4 ☐
4. How **noticeable** to others do you think your sleeping problem is in terms of impairing the quality of your life?	Not At All Noticeable 0 ☐	Barely 1 ☐	Somewhat Noticeable 2 ☐	Much 3 ☐	Very Much Noticeable 4 ☐
5. How **worried**/distressed are you about your current problem?	Not At all Worried 0 ☐	A Little 1 ☐	Somewhat Worried 2 ☐	Much 3 ☐	Very Much Worried 4 ☐

After a poor night's sleep, which of the following problems do you experience the next day? Circle all those that apply.			
Daytime fatigue: tired, exhausted, washed out, sleepy	Difficulty functioning: impaired performance at work/daily chores, difficulty concentrating, memory problems	Mood problems: irritable, tense, nervous, groggy, depressed, anxious, grouchy, hostile, angry, confused.	Physical symptoms: muscle aches/pain, light-headed, headache, nausea, heartburn, muscle tension.

***In the past week*.....**	**Very much true**	**To some extent true**	**Not at all true**
1. I put too much effort into sleeping at night when it should come naturally.	☐	☐	☐
2. I feel I should be able to control my sleep at night.	☐	☐	☐
3. I put off going to bed at night for fear of not being able to sleep.	☐	☐	☐
4. I worry about not sleeping if I am in bed at night and cannot sleep.	☐	☐	☐
5. I am no good at sleeping at night.	☐	☐	☐
6. I get anxious about sleeping before I go to bed at night.	☐	☐	☐
7. I worry about the long-term consequences of not sleeping at night.	☐	☐	☐