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## SLEEP QUESTIONNAIRE

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1. Sex: Male \_\_\_ Female \_\_\_

2. Age: \_\_\_\_\_

In answering the following questions, refer to the last typical week.

3. a) Do you have insomnia? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES:

(b) How long have you had this problem? \_\_\_\_\_

4. How frequently do you have insomnia (problem with falling asleep or going back to sleep after waking up at night or early in the morning)? Please circle the appropriate number.

Very rarely    1    2    3    4    5    6    7    8    9    10    Very often

5. How distressed are you by an insomnia problem?

Not at all    1    2    3    4    5    6    7    8    9    10    Very much

6. Generally, what is the quality of your sleep?

Very poor    1    2    3    4    5    Very good

7. How often do you take medication to help you sleep?

days per week: 0    1    2    3    4    5    6    7

8. How many hours do you usually sleep per night? \_\_\_\_\_

9. **FALLING ASLEEP**

a) How long does it usually take you to **fall asleep**? \_\_\_\_\_ Hrs. \_\_\_\_\_ Mins.

b) During a typical week, how often do you have **difficulty** falling asleep?

days per week: 0 1 2 3 4 5 6 7

10. **WAKING DURING THE NIGHT**

a) Do you usually wake up **during the night**? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES:

b) How many times per night? \_\_\_\_\_

c) How often do you have **difficulty** getting back to sleep?

days per week: 0 1 2 3 4 5 6 7

d) Approximately how long are you awake **during the middle of the night**? \_\_\_\_\_ Hrs. \_\_\_\_\_ Mins.

11. **LIFESTYLE**

a) What is the usual time you go to bed? \_\_\_\_\_

b) What is the usual time you **wake up** in the morning? \_\_\_\_\_

c) What is the usual time you **get up** in the morning? \_\_\_\_\_

12. How often do you experience insomnia?

days per week: 0 1 2 3 4 5 6 7

Scoring: Item-by-item.