

Beliefs About Sleep

Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate (by circling the number) to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, **circle a number that best reflects your personal experience**. Consider the whole scale, rather than only the extremes of the continuum.

1. I need 8 hours of sleep to feel refreshed and function well during the day.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
2. When I do not get proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
3. I am concerned that chronic insomnia may have serious consequences for my physical health.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
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4. I am worried that I may lose control over my abilities to sleep.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	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 on the next day.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
6. In order to be alert and function well during the day, I am better off taking a sleeping pill rather than having a poor night's sleep.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	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.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
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8. When I sleep poorly on one night, I know that it will disturb my sleep schedule for the whole week.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
9. Without an adequate night's sleep, I can hardly function the next day.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
10. I can't ever predict whether I will have a good or poor night's sleep.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
11. I have little ability to manage the negative consequences of disturbed sleep.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
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.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
13. I believe that insomnia is essentially a result of a chemical imbalance.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
14. I feel that insomnia is ruining my ability to enjoy life and prevents me from doing what I want.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
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15. Medication is probably the only solution to sleeplessness.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
0	1	2	3	4	5	6	7	8	9	10				
16. I avoid or cancel obligations (social, family, occupational) after a poor night's sleep.	<i>Strongly Disagree</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<i>Strongly Agree</i>
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Epworth Sleepiness Scale

Name: _____

Date: _____

Your age: (Yr) _____ Your sex: Male Female

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:-

- 0 = would never doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

Situation	Chance of dozing
Sitting and reading	<input type="text"/>
Watching TV	<input type="text"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting)	<input type="text"/>
As a passenger in a car for an hour without a break	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit	<input type="text"/>
Sitting and talking to someone	<input type="text"/>
Sitting quietly after a lunch without alcohol	<input type="text"/>
In a car, while stopped for a few minutes in the traffic	<input type="text"/>
Total	<input type="text"/>

Score:
0-10 Normal range
10-12 Borderline
12-24 Abnormal

Insomnia Severity Index

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the 'Guidelines for Scoring/Interpretation' below to see where your sleep difficulty fits.

For each question, please **CIRCLE** the number that best describes your answer.

Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How **SATISFIED/DISSATISFIED** are you with your **CURRENT** sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
0	1	2	3	4

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

Not at all Noticeable	A Little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

6. How **WORRIED/DISTRESSED** are you about your current sleep problem?

Not at all Worried	A Little	Somewhat	Much	Very Much Worried
0	1	2	3	4

7. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) **CURRENTLY**?

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4

MORNINGNESS-EVENINGNESS QUESTIONNAIRE (MEQ)

Instructions:

- Please read each question very carefully before answering.
- Please answer each question as honestly as possible.
- Answer ALL questions.
- Each question should be answered independently of others. Do NOT go back and check your answers.

1. What time would you get up if you were entirely free to plan your day?

5:00 – 6:30 AM	5
6:30 – 7:45 AM	4
7:45 – 9:45 AM	3
9:45 – 11:00 AM	2
11:00 AM – 12 NOON	1
12 NOON – 5:00 AM	0

2. What time would you go to bed if you were entirely free to plan your evening?

8:00 – 9:00 PM	5
9:00 – 10:15 PM	4
10:15 PM – 12:30 AM	3
12:30 – 1:45 AM	2
1:45 – 3:00 AM	1
3:00 AM – 8:00 PM	0

3. If there is a specific time at which you have to get up in the morning, to what extent do you depend on being woken up by an alarm clock?

Not at all dependent	4
Slightly dependent	3
Fairly dependent	2
Very dependent	1

4. How easy do you find it to get up in the morning (when you are not woken up unexpectedly)?

Not at all easy	1
Not very easy	2
Fairly easy	3
Very easy	4

5. How alert do you feel during the first half hour after you wake up in the morning?

Not at all alert	1
Slightly alert	2
Fairly alert	3
Very alert	4

6. How hungry do you feel during the first half-hour after you wake up in the morning?

Not at all hungry	1
Slightly hungry	2
Fairly hungry	3
Very hungry	4

7. During the first half-hour after you wake up in the morning, how tired do you feel?

Very tired	1
Fairly tired	2
Fairly refreshed	3
Very refreshed	4

8. If you have no commitments the next day, what time would you go to bed compared to your usual bedtime?

Seldom or never later	4
Less than one hour later	3
1-2 hours later	2
More than two hours later	1

9. You have decided to engage in some physical exercise. A friend suggests that you do this for one hour twice a week and the best time for him is between 7:00 – 8:00 am. Bearing in mind nothing but your own internal “clock”, how do you think you would perform?

Would be in good form	4
Would be in reasonable form	3
Would find it difficult	2
Would find it very difficult	1

10. At what time of day do you feel you become tired as a result of need for sleep?

8:00 – 9:00 PM	5
9:00 – 10:15 PM	4
10:15 PM – 12:45 AM	3
12:45 – 2:00 AM	2
2:00 – 3:00 AM	1

11. You want to be at your peak performance for a test that you know is going to be mentally exhausting and will last for two hours. You are entirely free to plan your day. Considering only your own internal “clock”, which ONE of the four testing times would you choose?

8:00 AM – 10:00 AM	4
11:00 AM – 1:00 PM	3
3:00 PM – 5:00 PM	2
7:00 PM – 9:00 PM	1

12. If you got into bed at 11:00 PM, how tired would you be?

Not at all tired	1
A little tired	2
Fairly tired	3
Very tired	4

13. For some reason you have gone to bed several hours later than usual, but there is no need to get up at any particular time the next morning. Which ONE of the following are you most likely to do?

Will wake up at usual time, but will NOT fall back asleep	4
Will wake up at usual time and will doze thereafter	3
Will wake up at usual time but will fall asleep again	2
Will NOT wake up until later than usual	1

14. One night you have to remain awake between 4:00 – 6:00 AM in order to carry out a night watch. You have no commitments the next day. Which ONE of the alternatives will suite you best?

Would NOT go to bed until watch was over	1
Would take a nap before and sleep after	2
Would take a good sleep before and nap after	3
Would sleep only before watch	4

15. You have to do two hours of hard physical work. You are entirely free to plan your day and considering only your own internal “clock” which ONE of the following time would you choose?

8:00 AM – 10:00 AM	4
11:00 AM – 1:00 PM	3
3:00 PM – 5:00 PM	2
7:00 PM – 9:00 PM	1

16. You have decided to engage in hard physical exercise. A friend suggests that you do this for one hour twice a week and the best time for him is between 10:00 – 11:00 PM. Bearing in mind nothing else but your own internal “clock” how well do you think you would perform?

Would be in good form	1
Would be in reasonable form	2
Would find it difficult	3
Would find it very difficult	4

17. Suppose that you can choose your own work hours. Assume that you worked a FIVE hour day (including breaks) and that your job was interesting and paid by results). Which FIVE CONSECUTIVE HOURS would you select?

5 hours starting between 4:00 AM and 8:00 AM	5
5 hours starting between 8:00 AM and 9:00 AM	4
5 hours starting between 9:00 AM and 2:00 PM	3
5 hours starting between 2:00 PM and 5:00 PM	2
5 hours starting between 5:00 PM and 4:00 AM	1

18. At what time of the day do you think that you reach your “feeling best” peak?

5:00 – 8:00 AM	5
8:00 – 10:00 AM	4
10:00 AM – 5:00 PM	3
5:00 – 10:00 PM	2
10:00 PM – 5:00 AM	1

19. One hears about “morning” and “evening” types of people. Which ONE of these types do you consider yourself to be?

Definitely a “morning” type	6
Rather more a “morning” than an “evening” type	4
Rather more an “evening” than a “morning” type	2
Definitely an “evening” type	0

Motivation for Change Index

1. Because of my sleep problem I can't (Please List)

2. If there were a treatment we could use that would, as of tomorrow, fix your sleep problem---in what way(s) would your life be better?

3. If there were a treatment we could use that would fix your sleep problem how many hours per week would you be willing to invest in the process?

_____ 1 hour _____ 2 hours _____ 4 hours _____ 8 hours _____ 10 hours

4. If there were a treatment we could use that would fix your sleep problem BUT it would take time, how long would you be willing to wait?

_____ 1 week _____ 2 weeks _____ 4 weeks _____ 8 weeks _____ 10 weeks

5. If there were a treatment we could use that would fix your sleep problem BUT to get better it would mean that you'd get worse before you get better, how much worse would you be willing to get?

_____ 10% _____ 20% _____ 40% _____ 80% _____ 100%

6. To make a difference in your life, how much improvement would represent a real accomplishment?

_____ 10% _____ 20% _____ 40% _____ 80% _____ 100%

Pre-Sleep Arousal Scale

Please describe how intensely you generally experience each of these symptoms as you attempt to fall asleep in your own bedroom.

1 2 3 4 5
not at all slightly moderately a lot extremely

Somatic

- 1. Heart racing, pounding, or beating irregularly.
- 2. A jittery, nervous feeling in your body.
- 3. Shortness of breath or labored breathing.
- 4. A tight, tense feeling in your muscles.
- 5. Cold feeling in your hands, feet or your body
- 6. Have stomach upset (knot or nervous feeling, heartburn, nausea, etc.
- 7. Perspiration in the palms of your hands or other parts of your body.
- 8. Dry feeling in your mouth or throat.

Cognitive

- 9. Worry about falling asleep.
- 10. Review or ponder events of the day.
- 11. Depressing or anxious thoughts.
- 12. Worry about problems other than sleep.
- 13. Being mentally alert, active.
- 14. Can't shut off your thoughts.
- 15. Thoughts keep racing through your head.
- 16. Being distracted by sounds, noise in the environment, (e.g., ticking of the clock, house noises, traffic).

