Insomnia Test

Sleep Difficulty:

O. 1. 2. 3. Never Rarely (1-2 nights Sometimes (3-4 Often (5-6 nights per week) nights per week) 2. How long does it typically take you to fall asleep? O. 1. 2. 3. Less than 15 15-30 minutes 30-60 minutes More than					
Never Rarely (1-2 nights Sometimes (3-4 Often (5-6 nights per week) per week) 2. How long does it typically take you to fall asleep? 0. 1. 2. 3.	ghts Always				
per week) nights per week) per week) 2. How long does it typically take you to fall asleep? 0. 1. 2. 3.					
2. How long does it typically take you to fall asleep? O O O 1. 2. 3.					
OOOOOO3.					
Less than 15 15-30 minutes 30-60 minutes More than	4.				
Leas than 10 10 50 minutes 50 00 minutes More than	60 I don't fall asleep at				
minutes minutes	all				
3. Do you wake up frequently during the night?					
	\circ				
0. 1. 2. 3.	4.				
Never Rarely (1-2 times Sometimes (3-4 Often (5-6 times (3-4 Often (5-6 times (3-6 times	mes Always				
per night) times per night) per night))				
4. Do you have difficulty falling back asleep after waking up at night?					
0. 1. 2. 3.	4.				
Never Rarely Sometimes Often	Always				
5. Do you wake up feeling tired, even after having slept for what should be enough time?					
0. 1. 2. 3.	4.				
Never Rarely Sometimes Often	Always				

Daytime Symptoms:

1. Do you experience excessive daytime sleepiness or fatigue?					
\bigcirc	\circ	\circ	\circ	\circ	
0.	1.	2.	3.	4.	
Never	Rarely	Sometimes	Often	Always	
2. Do you have diffic	ulty concentrating	or remembering things	s?		
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
0.	1.	2.	3.	4.	
Never	Rarely	Sometimes	Often	Always	
3. Do you feel irritable or moody during the day?					
\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc	
0.	1.	2.	3.	4.	
Never	Rarely	Sometimes	Often	Always	
4. Do you have diffic	ulty controlling you	ur emotions?			
\circ	\bigcirc	\circ	\bigcirc	\bigcirc	
0.	1.	2.	3.	4.	
Never	Rarely	Sometimes	Often	Always	
5. Do you experience headaches, muscle tension, or stomach problems?					
\bigcirc	\circ	\circ	\bigcirc	\bigcirc	
0.	1.	2.	3.	4.	
Never	Rarely	Sometimes	Often	Always	
Sleep Habits:					
1. Do you have a reg	ular sleep schedul	e?			
Yes					
○ No					

2. Do you nap frequen	tly during the day	y?		
			\bigcirc	\bigcirc
0.	1.	2.	3.	4.
Never	Rarely	Sometimes	Often	Always
3. Do you consume ca	affeine or alcohol	before bed?		
\circ	\bigcirc		\circ	\bigcirc
0.	1.	2.	3.	4.
Never	Rarely	Sometimes	Often	Always
4. Do you use electror	nic devices before	e bed?		
\circ	\circ	\circ	\circ	\circ
0.	1.	2.	3.	4.
Never	Rarely	Sometimes	Often	Always
5. Do you engage in re	elaxing activities	before bed?		
			\bigcirc	\bigcirc
0.	1.	2.	3.	4.
Never	Rarely	Sometimes	Often	Always
Scoring:				
Each question is scored	on a scale of 0 t	o 4, where:		
0 = Never 1 = Rare	ely 2 = Son	netimes 3 = Often	4 = Always	
Interpretation:				
A total score of:				

0-15	16-25	26-35	36-60
Indicates minimal to no concerns regarding insomnia.	Suggests potential for mild insomnia symptoms. Consider exploring self-help strategies and improving sleep hygiene.	Indicates moderate concerns regarding insomnia. Seeking professional guidance is recommended.	Suggests significant insomnia symptoms and potential need for intensive therapy and treatment.