

Insomnia Test

Sleep Difficulty:

1. How often do you have difficulty falling asleep at night?

0.
Never

1.
Rarely (1-2 nights
per week)

2.
Sometimes (3-4
nights per week)

3.
Often (5-6 nights
per week)

4.
Always

2. How long does it typically take you to fall asleep?

0.
Less than 15
minutes

1.
15-30 minutes

2.
30-60 minutes

3.
More than 60
minutes

4.
I don't fall asleep at
all

3. Do you wake up frequently during the night?

0.
Never

1.
Rarely (1-2 times
per night)

2.
Sometimes (3-4
times per night)

3.
Often (5-6 times
per night)

4.
Always

4. Do you have difficulty falling back asleep after waking up at night?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

5. Do you wake up feeling tired, even after having slept for what should be enough time?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

Daytime Symptoms:

1. Do you experience excessive daytime sleepiness or fatigue?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

2. Do you have difficulty concentrating or remembering things?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

3. Do you feel irritable or moody during the day?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

4. Do you have difficulty controlling your emotions?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

5. Do you experience headaches, muscle tension, or stomach problems?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

Sleep Habits:

1. Do you have a regular sleep schedule?

Yes

No

2. Do you nap frequently during the day?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

3. Do you consume caffeine or alcohol before bed?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

4. Do you use electronic devices before bed?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

5. Do you engage in relaxing activities before bed?

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

Scoring:

Each question is scored on a scale of 0 to 4, where:

0 = Never 1 = Rarely 2 = Sometimes 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.