Insomnia Severity Index (ISI) (Last 2 Weeks)

Investigator:	Jim Breidenstein
eCRF ID:	B101-095
Filled By:	Subject
Scale:	Double-blind Treatment (Day 14)
Date:	7/7/2025

Please rate the SEVERITY of your sleep difficulties in the LAST 2 WEEKS.

1. Difficulty falling asleep:

Answer: 0 - None

Please rate the SEVERITY of your sleep difficulties in the LAST 2 WEEKS.

2. Difficulty staying asleep:

Answer: 1 - Mild

Please rate the SEVERITY of your sleep difficulties in the LAST 2 WEEKS.

3. Problem waking up too early in the morning:

Answer: 0 - None

4. How SATISFIED/DISSATISFIED are you with your current sleep pattern in the LAST 2 WEEKS?

Answer: 0 - Very Satisfied

5. 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), in the LAST 2 WEEKS.

Answer: 0 - Not at all Interfering

6. How NOTICEABLE to others do you think your sleeping problem is in terms of impairing the quality of your life, in the LAST 2 WEEKS?

Answer: 0 - Not at all Noticeable

7. How WORRIED/DISTRESSED are you about your current sleep problem, in the LAST 2 WEEKS?

Answer: 0 - Not at all