

## Insomnia Severity Index (ISI) (Last 2 Weeks)

**Investigator:**

Dr Sangeetha Vulichi

**eCRF ID:**

A101-085

**Filled By:**

Subject

**Scale:**

Double-blind Treatment (Day 14)

**Date:**

7/14/2025

**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: 0 - None

**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: 1 - 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: 1 - A Little

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