

## Insomnia Type Questionnaire

This questionnaire concerns behavior and feelings that were shown to be important in sleep problems.

The questionnaire contains a number of short questionnaires on different aspects of personality, sensitivities, behavior, mood, and sleep.

All questions are multiple-choice. The alternatives differ depending on the questionnaire. Please read the instructions carefully and select the alternative that best reflects how you feel or see yourself most of the time. If you find this difficult, please choose the alternative that comes to mind first.

### A

The next questions concern different aspects of your personality. Please select the alternative that best describes how you feel or see yourself most of the time.

- 1 When I have lost something valuable and can't find it anywhere:  
☐ I have a hard time concentrating on anything else.  
☐ I don't dwell on it.
- 2 When I know I must finish something soon:  
☐ I have to push myself to get started.  
☐ I find it easy to get it done and over with.
- 3 When I've worked for weeks on one project and then everything goes completely wrong:  
☐ It takes me a long time to get over it.  
☐ It bothers me for a while, but then I don't think about it anymore.
- 4 When I don't have anything in particular to do and I am getting bored:  
☐ I have trouble getting up enough energy to do anything at all.  
☐ I quickly find something to do.
- 5 When I'm in a competition and lose every time:  
☐ I can soon put losing out of my mind.  
☐ The thought that I lost keeps running through my mind.
- 6 When I'm getting ready to tackle a difficult problem:  
☐ It feels like I am facing a big mountain that I don't think I can climb.  
☐ I look for a way that the problem can be approached in a suitable manner.
- 7 If I had just bought a new piece of equipment (for example, a laptop) and it accidentally fell on the floor and was damaged beyond repair:  
☐ I would get over it quickly.  
☐ It would take me a while to get over it.
- 8 When I have to solve a difficult problem:  
☐ I usually get on it right away.  
☐ Other things go through my mind before I can get down to working on the problem.
- 9 When I have to talk to someone about something important and, repeatedly, can't find her/him at home:  
☐ I can't stop thinking about it, even while I'm doing something else.  
☐ I easily forget about it until I can see the person again.
- 10 When I have to make up my mind about what I am going to do when I get some unexpected free time:  
☐ It takes me a while to decide what I should do.  
☐ I can usually decide on something to do without having to think it over very much.

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- 11 When I've bought a lot of stuff at a store and realize when I get home that I paid too much – but I can't get my money back:
- ☐ I can't concentrate on anything else.
  - ☐ I easily forget about it.
- 
- 12 When I have work to do at home:
- ☐ It is often hard for me to get started.
  - ☐ I usually get started right away.
- 
- 13 When I am told that my work has been completely unsatisfactory:
- ☐ I don't let it bother me for too long.
  - ☐ I feel paralyzed.
- 
- 14 When I have a lot of important things to do:
- ☐ I often don't know where to begin.
  - ☐ I find it easy to make a plan and stick with it.
- 
- 15 When I'm stuck in traffic and miss an important appointment:
- ☐ At first, it's difficult for me to start doing anything else at all.
  - ☐ I quickly forget about it and focus on something else.
- 
- 16 When there are two things that I really want to do, but I can't do both of them:
- ☐ I quickly begin one thing and forget about the other.
  - ☐ It's not easy for me to put the thing that I couldn't do out of my mind.
- 
- 17 When something is very important to me, but I can't seem to get it right:
- ☐ I gradually lose heart.
  - ☐ I just forget about it and go do something else.
- 
- 18 When I have to carry out an important but unpleasant task:
- ☐ I do it and get it over with.
  - ☐ It can take a while before I can bring myself to do it.
- 
- 19 When something really gets me down:
- ☐ I have trouble doing anything at all.
  - ☐ I find it easy to distract myself by doing other things.
- 
- 20 When I am facing a big project that has to be done:
- ☐ I often spend too long thinking about where I should begin.
  - ☐ I don't have any problems getting started.
- 
- 21 When several things go wrong on the same day:
- ☐ I don't know how to deal with it.
  - ☐ I just keep on going as though nothing had happened.
- 
- 22 When I have a boring assignment:
- ☐ I usually don't have any problem getting through it.
  - ☐ I sometimes just can't get moving on to it.
- 
- 23 When I have to put all my effort into doing a really good job on something and the whole thing doesn't work out:
- ☐ I don't have too much difficulty starting something else.
  - ☐ I have trouble doing anything else at all.
- 
- 24 When I have an obligation to do something that is boring and uninteresting:
- ☐ I do it and get it over with.
  - ☐ It usually takes a while before I get around to doing it.
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**B**

The next questions concern different aspects of your personality. Please select the alternative that best describes how you feel or see yourself most of the time.

	very true for me	somewhat true for me	somewhat false for me	very false for me
I go out of my way to get things I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm doing well at something I love to keep at it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always willing to try something new if I think it will be fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get something I want, I feel excited and energized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I want something I usually go all-out to get it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will often do things for no other reason than that they might be fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I see a chance to get something I want I move on it right away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I see an opportunity for something I like I get excited right away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often act on the spur of the moment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When good things happen to me, it affects me strongly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I crave excitement and new sensations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I go after something I use a "no holds barred" approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would excite me to win a contest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# C

The next questions concern happiness and satisfaction. Please select the alternative that best describes how you feel or see yourself most of the time.

	1	2	3	4	5	6	7
In general, I consider myself:	<input type="checkbox"/> not a very happy person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a very happy person
Compared to most of my peers, I consider myself:	<input type="checkbox"/> less happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more happy
Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?	<input type="checkbox"/> not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a great deal
Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?	<input type="checkbox"/> not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a great deal

# D

The next questions concern happiness and satisfaction. Please select the alternative that best describes how often you think or do each of the following statements when you are feeling happy, excited, or enthused.

	almost never	sometimes	often	almost always
Notice how you feel full of energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savor this moment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "I am getting everything done".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about how you feel up to doing everything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "I am living up to my potential".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "This is too good to be true".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about how happy you feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about how strong you feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about things that could go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remind yourself these feelings won't last.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "People will think I'm bragging".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about how hard it is to concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "I am achieving everything".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "I don't deserve this".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "My streak of luck is going to end soon".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about how proud you are of yourself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about things that have not gone well for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E

The next questions concern how you feel or see yourself when you feel sad, blue, or depressed. Please select the alternative that best describes how often you think or do each of the following statements when you feel sad, blue, or depressed.

	almost never	sometimes	often	almost always
Analyze recent events to try to understand why you are depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "Why do I always react this way?".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go away by yourself and think about why you feel this way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write down what you are thinking and analyze it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about a recent situation, wishing it had gone better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "Why do I have problems other people don't have".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "Why can't I handle things better?".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyze your personality to try to understand why you are depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go someplace alone to think about your feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think "What am I doing to deserve this?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F

The next questions concern your behavior. Please select the alternative that best describes yourself as you generally are now, not as you wish to be in the future. Describe yourself as honestly as you see yourself, in relation to other people you know of the same sex as you are, and roughly your same age.

I...	very inaccurate	moderately inaccurate	neither accurate nor inaccurate	moderately accurate	very accurate
Am the life of the party.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sympathize with others' feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent mood swings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't talk a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am not interested in other people's problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am relaxed most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to a lot of different people at parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel others' emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get upset easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep in the background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am not really interested in others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seldom feel blue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# G

The next questions concern different feelings and emotions. Please select the alternative that best describes to what extent you generally feel this way, that is, how you feel on average.

	very slightly or not at all	a little	moderately	quite a bit	extremely
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashamed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jittery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The next questions concern your experiences. Please read each statement carefully. Select the alternative that best describes how true that statement is for you in general.

[illegible]

The next questions concern traits and characteristics. Please select the alternative that best indicates how much you generally agree with each statement.

	strongly disagree	disagree somewhat	neither agree nor disagree	agree somewhat	strongly agree
I am well-organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've always felt pressure from my parent(s) to be the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I do something less than perfectly, I have a hard time getting over it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things should be put away in their place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) hold me to high standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend a lot of time worrying about things I've done, or things I need to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would characterize myself as an orderly person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) are difficult to please.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I make a mistake, my whole day is ruined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to always be organized and disciplined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) have high expectations for achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I say or do something dumb I tend to think about it for the rest of the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I clean my home often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growing up, I felt a lot of pressure to do everything right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I make an error, I generally can't stop thinking about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make sure to put things away as soon as I'm done using them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) put a lot of pressure on me to succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often obsess over some of the things I have done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My closet is neat and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always felt that my parent(s) wanted me to be perfect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After I turn a project in, I can't stop thinking of how it could have been better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My workspace is generally organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) have expected nothing but my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## J

The next questions concern how stress can influence your sleep. When you experience the following situations, how likely is it for you to have difficulty sleeping? Please select an alternative even if you have not experienced these situations recently.

	not likely	somewhat likely	moderately likely	very likely
Before an important meeting the next day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After a stressful experience during the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After a stressful experience in the evening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After getting bad news during the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After watching a frightening movie or TV show.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After having a bad day at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After an argument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before having to speak in public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before going on vacation the next day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# K

The next questions concern your experiences as you attempt to fall asleep in your own bedroom. Please select the alternative that best describes how intensely you generally feel each of the symptoms as you attempt to fall asleep in your own bedroom.

	not at all	slightly	moderately	a lot	extremely
Heart racing, pounding or beating irregularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A jittery, nervous feeling in your body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or labored breathing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A tight, tense feeling in your muscles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold feeling in your hands, feet or your body in general.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have stomach upset (knot or nervous feeling in stomach, heartburn, nausea, gas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perspiration in palms of your hands or other parts of your body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry feeling in mouth or throat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worry about falling asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review or ponder events of the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressing or anxious thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worry about problems other than sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being mentally alert, active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't shut off your thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts keep running through your head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being distracted by sounds, noise in the environment (e.g., ticking of clock, house noises, traffic).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L

[illegible]

**M**

The next questions concern your sleep over the last two weeks.

Please rate the current (i.e., last 2 weeks) **severity** of your insomnia problem(s).

	none	mild	moderate	severe	very
Difficulty falling asleep:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty staying asleep:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem waking up too early:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How **satisfied**/dissatisfied are you with your current sleep pattern?

	very satisfied				very dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, etc.).

	not at all interfering	a little	somewhat	much	very much interfering
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How **noticeable** to others do you think your sleeping problem is in terms of impairing the quality of your life?

	not at all noticeable	barely	somewhat	much	very much noticeable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How **worried**/distressed are you about your current sleep problem?

	not at all	a little	somewhat	much	very much
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions concern your childhood. Please respond to the following questions using the scale below.

When I grew up...	never true	rarely true	sometimes true	often true	very often true
I didn't have enough to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew that there was someone to take care of me and protect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my family called me things like "stupid", "lazy" or "ugly".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents were too drunk or high to take care of the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was someone in my family who helped me feel that I was important or special.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wore dirty clothes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt loved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought that my parents wished I had never born.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my family hit me so hard that it left me with bruises or marks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was punished with a belt, a board, a cord, or some other hard object.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my family looked out for each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my family said hurtful or insulting things to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that I was physically abused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that someone in my family hated me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my family felt close to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone tried to touch me in a sexual way, or tried to make me touch them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone threatened to hurt me or tell lies about me unless I did something sexual with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone tried to make me do sexual things or watch sexual things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone molested me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that I was emotionally abused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was someone to take me to the doctor if I needed it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that I was sexually abused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family was a source of strength and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>