Insomnia Test

SLEEP DIFFICULTY

How often do you have difficulty falling asleep at night?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

How long does it typically take you to fall asleep?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

Do you wake up frequently during the night?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

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

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

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

Do you experience excessive daytime sleepiness or fatigue?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

Do you have difficulty concentrating or remembering things?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

Do you feel irritable or moody during the day?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

Do you have difficulty controlling your emotions?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

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

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

SLEEP HABITS

Do you have a regular sleep schedule?

◯ Yes ◯ No

Do you nap frequently during the day?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

Do you consume caffeine or alcohol before bed?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

Do you use electronic devices before bed?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always

Do you engage in relaxing activities before bed?

- ◯ 0 - Never
- ◯ 1 - Rarely
- ◯ 2 - Sometimes
- ◯ 3 - Often
- ◯ 4 - Always