

SLEEP DISTURBANCE QUESTIONNAIRE

The following scale attempts to give us some information about things the things that you may feel are interfering with your sleep:

On the nights that you don't sleep well, the problem seems to be (check the boxes that apply):

Never Seldom Sometimes Often Very Often

1. Can't get into a comfortable
position in bed

2. My mind keeps turning things
over

3. I can't get my sleep pattern
into a proper routine

4. I get too "worked up" at not
being able to sleep

5. I find it physically hard to
"let go" and relax my body

6. My mind takes a long time
to unwind

7. I don't feel tired enough
when I go to bed

8. I try too hard to get to sleep

9. My body is full of tension

10. I am unable to empty my
mind

11. I reading or watching TV in
bed when I should be sleeping

12. I worry that I won't cope
tomorrow if I don't sleep

Which one of the above statements is most important to you: Number _____