

Insomnia problem	None	Mild	Moderate	Severe	Very Severe
<i>1 Difficulty falling asleep?</i>	0	1	2	3	4
<i>2 Difficulty staying asleep?</i>	0	1	2	3	4
<i>3 Problems waking up too early?</i>	0	1	2	3	4
<i>4 How satisfied/dissatisfied are you with your current sleep pattern?</i> Very satisfied 0 Satisfied 1 Moderately satisfied 2 Dissatisfied 3 Very dissatisfied 4					
<i>5 How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life?</i> Not at all 0 A little 1 Somewhat 2 Much 3 Very much 4					
<i>6 How worried/distressed are you about your current sleep problem?</i> Not at all 0 A little 1 Somewhat 2 Much 3 Very much 4					
<i>7 To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) currently?</i> Not at all 0 A little 1 Somewhat 2 Much 3 Very much 4					