BERGEN INSOMNIA SCALE

**Instructions.** The questionnaire below contains six questions relating to sleep and tiredness. Please circle the alternative (number of days per week) that suits you best. 0 means no days during the course of a week, 7 means every day during the course of a week.

**Example.** If, on three days during the course of a week, it has taken you more than 30 minutes to fall asleep after you have switched the light off, circle alternative 3.

During the past month, how many days a week has it taken you more than 30 minutes to fall asleep after the light was switched off?

1. During the past month, how many days a week have you been awake for more than 30 minutes between periods of sleep?

2. During the past month, how many days a week have you awakened more than 30 minutes earlier than you wished without managing to fall asleep again?

3. During the past month, how many days a week have you felt that you have not had enough rest after waking up?

4. During the past month, how many days a week have you been so sleepy/tired that it has affected you at school/work or in your private life?

5. During the past month, how many days a week have you been dissatisfied with your sleep?

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<thead>
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<th>Number of Days Per Week</th>
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<td>0 1 2 3 4 5 6 7</td>
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4. During the past month, how many days a week have you felt that you have not had enough rest after waking up?

5. During the past month, how many days a week have you been so sleepy/tired that it has affected you at school/work or in your private life?

6. During the past month, how many days a week have you been dissatisfied with your sleep?