

Participant ID: _____
 Evaluator: _____

Date: _____
 Appointment: _____

FoSI-23

Below is a list of things that people sometimes think or do in relation to sleep. Please rate how often each occurred in the **past month**.

	Not at all	A few times per month	Once or twice per week	Several times per week	Nearly every night
1. I was fearful of letting my guard down while sleeping.	0	1	2	3	4
2. Little noises around the house woke me up.	0	1	2	3	4
3. I woke up in the night and I was terrified of returning to sleep.	0	1	2	3	4
4. I stayed up late to avoid sleeping.	0	1	2	3	4
5. When lying in bed I thought about a traumatic experience.	0	1	2	3	4
6. I had dreams about a past traumatic experience.	0	1	2	3	4
7. I slept with the windows closed regardless of the weather to feel safer.	0	1	2	3	4
8. I was fearful of the loss of control that I experience during sleep.	0	1	2	3	4
9. I used lots of blankets (regardless of weather) to feel safe at night.	0	1	2	3	4
10. I avoided going to sleep because I thought I would have really bad dreams.	0	1	2	3	4
11. I repeatedly checked the locks on the doors and windows at bedtime.	0	1	2	3	4
12. Being in the dark scared me.	0	1	2	3	4
13. I slept with a light on to feel safer.	0	1	2	3	4
14. I was aware of being especially vulnerable when I'm asleep.	0	1	2	3	4
15. I slept with something or someone in bed with me to help me feel safe.	0	1	2	3	4
16. I awoke in the middle of the night from a nightmare, and avoided returning to sleep because I might go back into the nightmare.	0	1	2	3	4
17. I slept with the television on to feel safe.	0	1	2	3	4
18. I was afraid to close my eyes.	0	1	2	3	4
19. I felt that it was dangerous to fall asleep.	0	1	2	3	4
20. I kept a weapon near my bed at night.	0	1	2	3	4
21. I tried to stay as alert as I could while lying in bed.	0	1	2	3	4
22. I slept on a couch or somewhere other than my bed to feel safe.	0	1	2	3	4
23. I tried to stay alert to any strange noises while going to sleep.	0	1	2	3	4

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Below is a list of statements about things that sometimes happen to people in bed, in the dark, or while they are sleeping. Please rate whether the statements are **True (T)** or **False (F)** and indicate the age(s) you were when this happened.

24. Dangerous, frightening, or very unpleasant things have happened to me while I was in bed. T F
If **"True"**, how old were you when this happened? _____
25. Dangerous, frightening, or very unpleasant things have happened to me while I was sleeping. T F
If **"True"**, how old were you when this happened? _____
26. Dangerous, frightening, or very unpleasant things have happened to me in the dark. T F
If **"True"**, how old were you when this happened? _____
27. There was a time when I had to stay on guard at night or while I was in bed in order to protect myself or others. T F
If **"True"**, how old were you when this happened? _____