

Participant ID: _____
 Evaluator: _____

Date: _____
 Appointment: _____

PROMIS Sleep-Related Impairment and Sleep Disturbance

PROMIS Bank v1.1 - SF

Please respond to each item by marking one box per row.

SLEEP-RELATED IMPAIRMENT

<i>In the past 7 days...</i>	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. I had a hard time getting things done because I was sleepy...	1	2	3	4	5
2. I felt alert when I woke up...	5	4	3	2	1
3. I felt tired...	1	2	3	4	5
4. I had problems during the day because of poor sleep...	1	2	3	4	5
5. I had a hard time concentrating because of poor sleep...	1	2	3	4	5
6. I felt irritable because of poor sleep...	1	2	3	4	5
7. I was sleepy during the daytime...	1	2	3	4	5
8. I had trouble staying awake during the day...	1	2	3	4	5

SLEEP DISTURBANCE

<i>In the past 7 days...</i>	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. My sleep was restless...	1	2	3	4	5
2. I was satisfied with my sleep...	5	4	3	2	1
3. My sleep was refreshing...	5	4	3	2	1
4. I had difficulty falling asleep...	1	2	3	4	5

<i>In the past 7 days...</i>	Never	Rarely	Sometimes	Often	Always
5. I had trouble staying asleep...	1	2	3	4	5
6. I had trouble sleeping...	1	2	3	4	5
7. I got enough sleep...	5	4	3	2	1

<i>In the past 7 days...</i>	Very poor	Poor	Fair	Good	Very good
8. My sleep quality was...	5	4	3	2	1