

| Bergen Insomnia Scale (BIS)

Instructions

The questionnaire below contains **six questions** relating to **sleep** and **tiredness**. Please choose 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.

Exemple

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, choose alternative 3.

	Number of Days Per Week	
1 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?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
2 During the past month, how many days a week have you been awake for more than 30 minutes between periods of sleep?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
3 During the past month, how many days a week have you awakened more than 30 minutes earlier than you wished without managing to fall as leep again?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
4 During the past month, how many days a week have you felt that you have not had enough rest after waking up?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
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?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
6 During the past month, how many days a week have you been dissatisfied with your sleep?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day