

Dataset name: insi_v1.2

Participant ID pid Acrostic acrostic
Interviewer compby V.C. vc
Date of Visit vis_dat (mm/dd/yyyy)

INSOMNIA SEVERITY INDEX (ISI)

CRF 1.2

"I now would like to ask you some questions regarding the quality of your sleep over the past 2 weeks. I will ask you three questions about your sleep pattern on an average night over the past two weeks."

(Interviewer note: If the participant specifically requests guidance as to what constitutes "difficulty": Q1 would be defined by a sleep latency from light out > 30 minutes. Q2 by > 2 awakenings per night or wake-time after sleep onset > 30 minutes. Q3 by a final awakening prior to 5 AM)

On an average night over the past two weeks? (Interviewer note: repeat stem for each question and show response card "isiq1".)

1. How much difficulty have you had falling asleep?

filas_insi
-9 -
1 None
2 Mild
3 Moderate
4 Severe
5 Very Severe
6 REF
7 Don't Know
-6 Permanently Missing

-

2. How much difficulty have you had staying asleep?

styas_insi
-9 -
1 None
2 Mild
3 Moderate
4 Severe
5 Very Severe
6 REF
7 Don't Know
-6 Permanently Missing

-

3. How much difficulty have you had waking up too early?

wkerly_insi
-9 -
1 None
2 Mild
3 Moderate
4 Severe
5 Very Severe
6 REF
7 Don't Know
-6 Permanently Missing

-

4. How satisfied are you with your current sleep quality? (Show response card "isiq2")

slpqly_insi
-9 -
1 Very satisfied
2 Somewhat satisfied
3 Neither satisfied nor dissatisfied
4 Somewhat dissatisfied
5 Very dissatisfied
6 REF
7 Don't Know
-6 Permanently Missing

-

5.To what extent do you consider your sleep quality as disturbing with your daily functioning (for example, daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.) [Show response card "isiq3"]

- disfuntldly_insi
- 9 -
- 1 Not at all

2 A little

3 Somewhat

4 Much

5 Very much disturbing

6 REF

7 Don't Know

-6 Permanently Missing

-

6.How noticeable to others do you think the quality of your sleep is in terms of impairing the quality of your life (Show response card "isiq4")

- notcoth_insi
- 9 -
- 1 Not noticable

2 Barely

3 Somewhat

4 Much

5 Very much noticeable

6 REF

7 Don't Know

-6 Permanently Missing

-

7.How worried are you about your current sleep quality? (Show response card "isiq5")

- worri_insi
- 9 -
- 1 Not at all worried

2 A little

3 Somewhat

4 Much

5 Very much worriedS

6 REF

7 Don't Know

-6 Permanently Missing

-



Source Form Language: lang

- 9 -
- 1 English

2 Spanish

-

Save

Participant ID (affix ID label here)	LIFE	Acrostic 	Interviewer 	Visit Code
		Date of Visit 	 	
		month	day	year

INSOMNIA SEVERITY INDEX (ISI)

<p>“I now would like to ask you some questions regarding the quality of your sleep over the past 2 weeks. I will ask you three questions about your sleep pattern on an average night over the past two weeks.”</p> <p><i>(Interviewer note: If the participant specifically requests guidance as to what constitutes “difficulty”: Q1 would be defined by a sleep latency from light out > 30 minutes. Q2 by > 2 awakenings per night or wake-time after sleep onset > 30 minutes. Q3 by a final awakening prior to 5 AM)</i></p>							
On an average night over the past two weeks... <i>(Interviewer note: repeat stem for each question and show response card “isiq1”).</i>	None	Mild	Moderate	Severe	Very Severe	REF	Don't Know
1. How much difficulty have you had falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How much difficulty have you had staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much difficulty have you had waking up too early?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied	REF	Don't Know
4. How satisfied are you with your current sleep quality? <i>(Show response card “isiq2”)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not at all disturbing	A little	Somewhat	Much	Very much disturbing	REF	Don't Know
5. To what extent do you consider your sleep quality as disturbing with your daily functioning (for example, daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.) <i>[Show response card “isiq3”]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Visit Code <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
---	----------------------------------	---

	Not at all noticeable	Barely	Somewhat	Much	Very much noticeable	REF	Don't Know
6. How noticeable to others do you think the quality of your sleep is in terms of impairing the quality of your life (<i>Show response card "isiq4"</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not at all worried	A little	Somewhat	Much	Very much worried	REF	Don't Know
7. How worried are you about your current sleep quality? (<i>Show response card "isiq5"</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>