Vector Sleep

Insomnia Index Questionnaire
This is a test to assess, in general, how you are feeling about your sleep. Answer the following questions rating how you feel about your sleep using a "0-4" point scale -- with "0" representing no problem with your sleep and "4" representing a big problem with how you feel about the quality of your sleep.

0 = No Problem with My Sleep
1 = Slight Problem with My Sleep
2 = Moderate Problem with My Sleep
3 = Moderately Severe Problem with My Sleep
4 = Big Problem with My Sleep Affecting All Parts of My Life

1. Overall, describe your satisfaction with your sleep?
2. How easy is it for you to fall asleep?
3. How worried are you that you won't be able to get to sleep?
4. Are you easily awakened by sounds/noises in the night?
5. When you sleep in a strange place or in a bed other than your own, how much trouble do you have trying to fall asleep?
6. Is your sleep disturbed with frequent awakenings?
7. Can you fall back asleep if you awaken during the night?
8. Are you rested the next day after your night's sleep?
9. Do you think you are getting enough hours of sleep each night?
10. How much does the quality of the sleep affect your next day function (ie fatigue, mood, irritability)?

Circle the answer that best describes your sleep.

INSOMNIA SCALE - TOTAL OF CIRCLED SCORES

Sleep “Vital Signs” Matrix

Matrix Interpretation Key
(Patients may be abnormal with minimal symptoms, so use the following as guidelines only.)
- Normal: Correlate with Presenting Complaint Due to Minimal Score
- Sleepy: Refer for Sleep Evaluation to "Rule Out" Underlying Sleep Disorder
- Non-Sleepy Non-Restorative Sleep: Clinically Correlate and Educate on Sleep Hygiene
- Sleepy Non-Restorative Sleep: Refer for Sleep Evaluation and Educate on Sleep Hygiene
- Sleepiness with Sleep Disruption / Insomnia: Refer for Sleep Evaluation
- Insomnia: Initiate Cognitive Behavioral Therapy and Possible Medication; Correlate Clinically