

Sleep Impact Short Form

Please respond to each question or statement by marking one box per row.

		Never	Rarely	Sometimes	Often	Always
SleepImpactQ2	In the past 7 days, how often did you stay up most of the night because you could not fall asleep?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SleepImpactQ5	In the past 7 days, how often was it very easy for you to fall asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SleepImpactQ8	In the past 7 days, how often did you have a lot of trouble falling asleep	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SleepImpactQ10	In the past 7 days, how often did you stay up all night because you could not fall asleep?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SleepImpactQ11	In the past 7 days, how often did you stay up half of the night because you could not fall asleep?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1