



Participant ID: \_\_\_\_\_

Pin # \_\_\_\_\_

Discovery Site: \_\_\_\_\_

Clinical Center \_\_\_\_\_

CRF Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Visit #: \_\_\_\_\_

PROMIS Item Bank v. 1.0

### Sleep Disturbance - Short Form

Participant completes at Baseline, Bi-monthly, Six-month, and Twelve-month contacts.

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

**In the past 7 days...**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. My sleep was restless	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
2. I was satisfied with my sleep	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
3. My sleep was refreshing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
4. I had difficulty falling asleep	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**In the past 7 days...**

	Never	Rarely	Sometimes	Often	Always
5. I had trouble staying asleep	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
6. I had trouble sleeping	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
7. I got enough sleep	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**In the past 7 days...**

	Very poor	Poor	Fair	Good	Very good
8. My sleep quality was	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

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