



Participant ID: _____

Pin # _____

Discovery Site: _____

Clinical Center _____

CRF Date: ____/____/____

Visit #: _____

PROMIS Item Bank v. 1.0

Sleep Disturbance - Short Form

PARTICIPANT COMPLETES ON DAY OF TRANS-MAPP NEURO-IMAGING PROTOCOL MRI SCAN.

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

Last night...

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

Last night...

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

Last night...

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

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