

ATHENS INSOMNIA SCALE

Instructions: This scale is intended to record your own assessment of any sleep difficulty you might have experienced. Please, check (by circling the appropriate number) the items below to indicate your estimate of any difficulty, provided that it occurred **at least three times per week during the last month**. Please answer all 8 questions.

1. Sleep induction (time it takes you to fall asleep after turning-off the lights)

0: No problem

1: Slightly delayed

2: Markedly delayed

3: Very delayed or did not sleep at all

2. Awakenings during the night

0: No problem

1: Minor problem

2: Considerable problem

3: Serious problem or did not sleep at all

3. Final awakening earlier than desired

0: Not earlier

1: A little earlier

2: Markedly earlier

3: Much earlier or did not sleep at all

4. Total sleep duration

0: Sufficient

1: Slightly insufficient

2: Markedly insufficient

3: Very insufficient or did not sleep at all

5. Overall quality of sleep (no matter how long you slept)

0: Satisfactory

1: Slightly unsatisfactory

2: Markedly unsatisfactory

3: Very unsatisfactory or did not sleep at all

6. Sense of well-being during the day

0: Normal

1: Slightly decreased

2: Markedly decreased

3: Very decreased

7. Functioning (physical and mental) during the day

0: Normal

1: Slightly decreased

2: Markedly decreased

3: Very decreased

8. Sleepiness during the day

0: None

1: Mild

2: Considerable

3: Intense