

Sleep Difficulties Inventory

This exploratory questionnaire describes sleep difficulties (falling asleep, night and early-morning awakenings, daytime impact) and what maintains them: arousal at bedtime, worries and beliefs about sleep, and habits and schedule. It covers the targets of cognitive behavioral therapy for insomnia and helps choose where to start. Two questions flag signs that call for a referral to a physician: snoring or gasping for air, and unpleasant sensations in the legs at rest.

Number of questions	26 questions
Estimated duration	6 minutes
Language	English
Original name	Sleep Difficulties Inventory
Target audience	Adults
Category	Sleep disorders

Preview of the 26 questions

Over the past month, how often has this been true for you?

Once the lights are off, it takes me a long time to fall asleep.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I wake up several times during the night.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I wake up tired, as if I hadn't slept.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

Once I'm in bed, I think about my worries or what I have to do the next day.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

In the evening, I dread going to bed.

Never | Rarely | Sometimes | Often | Very often

Administer your questionnaires online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org ›

Scoring & interpretation

Scoring

Each statement is scored from 0 (never) to 4 (very often) based on its frequency over the past month. Each of the six domains in the "Insomnia" block combines 4 statements spread throughout the questionnaire, giving a score from 0 to 16. The two signs in the "Medical screening" block (snoring or gasping for air, sensations in the legs) are each assessed by a single statement, scored from 0 to 4, at the end of the questionnaire.

Reading the profile

There is no total score. Within each block, domains are ranked from most to least elevated, each with a description of what it covers and points to explore in the interview. Falling asleep, night and early-morning awakenings, and daytime impact describe the complaint; arousal at bedtime, worries and beliefs about sleep, and habits and schedule describe what maintains it, the targets of cognitive behavioral therapy for insomnia. A frequent sign in the medical screening block calls for a medical opinion, particularly before any restriction of time in bed.

Clinical cautions

The questionnaire does not look for daytime sleepiness: falling asleep unintentionally, especially while driving, is not typical of insomnia and requires a medical opinion. Insomnia often accompanies depression, an anxiety disorder, or pain, and can be maintained by coffee, alcohol, sleeping pills, or other medications, which should be explored in the interview.

Limitations

This exploratory questionnaire has not undergone psychometric validation and has no cutoffs. It supports the clinical interview and does not provide a diagnosis.

Scoring example

Scoring

INSOMNIA

Falling asleep 11 / 16

Difficulty falling asleep at the start of the night, despite fatigue.

Areas to explore: bedtime and how long it takes to fall asleep, what the person does when sleep is slow to come (staying in bed, getting up, looking at a screen), what helps or gets in the way.

See also: ISI, PSQI.

Daytime impact 11 / 16

Effects of poor sleep on energy, concentration, and mood during the day.

Areas to explore: what the person attributes to sleep, activities cut back or canceled, daytime sleepiness (falling asleep unintentionally, while driving), which requires a medical opinion.

See also: ESS (sleepiness), MFI-20 (fatigue).

Arousal at bedtime 10 / 16

Thoughts and physical tension that keep the person awake when it is time to sleep, effort to fall asleep.

Areas to explore: the content of thoughts in bed (worries, the next day's schedule, sleep itself), signs of tension, the transition between evening activities and going to bed.

See also: Rumination and Worry Inventory.

Night and early-morning awakenings 9 / 16

Waking during the night or too early in the morning, followed by difficulty getting back to sleep.

Areas to explore: the number and length of awakenings, what causes them (pain, needing to urinate, noise, thoughts), the time of final awakening; early-morning awakening with low mood points toward depression.

See also: ISI, PSQI.

Worries and beliefs about sleep 3 / 16

Worry about not sleeping, monitoring of the night, and the feared consequences of poor sleep.

Areas to explore: the feared consequences of a bad night (health, work, mood), the amount of sleep the person considers necessary, what they do to protect themselves from a bad night.

See also: DBAS-16.

Habits and schedule 3 / 16

Habits that maintain insomnia, often adopted to make up for lost sleep: time spent in bed, naps, screens in bed.

Areas to explore: bedtimes and wake times on weekdays and weekends, time spent in bed, naps, coffee, alcohol, and sleeping pills, screens in the evening.

MEDICAL SCREENING

Snoring and breathing problems 3 / 4

Signs that may suggest sleep apnea.

Areas to explore: snoring and pauses in breathing noticed by others, daytime sleepiness, morning headaches; refer to a physician.

Sensations in the legs

0 / 4

An urge to move the legs in the evening at rest, which may suggest restless legs syndrome.

Areas to explore: when the sensations appear, whether movement relieves them, their effect on falling asleep; refer to a physician.

No validated clinical or psychometric cutoffs have been established for this test yet. The results should therefore be considered exploratory indicators, meant to support the clinical interview, not diagnostic findings.

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 Emily T. - Online CBT Psychologist