

PRE-SLEEP AROUSAL SCALE

Please describe how intensely you experience each of the symptoms mentioned below as you attempt to fall asleep by circling the appropriate number.

	Not at all	Slightly	Moderately	A lot	Extremely
1. Worry about falling asleep	1	2	3	4	5
2. Review or ponder the events of the day	1	2	3	4	5
3. Depressing or anxious thoughts	1	2	3	4	5
4. Worry about problems other than sleep	1	2	3	4	5
5. Being mentally alert, active	1	2	3	4	5
6. Can't shut off your thoughts	1	2	3	4	5
7. Thoughts keep running through your head	1	2	3	4	5
8. Being distracted by sounds, noise in the environment	1	2	3	4	5
9. Heart racing, pounding or beating irregularly	1	2	3	4	5
10. A jittery, nervous feeling in your body	1	2	3	4	5
11. Shortness of breath or labored breathing	1	2	3	4	5
12. A tight, tense feeling in your muscles	1	2	3	4	5
13. Cold feeling in your hands, feet or your body in general	1	2	3	4	5
14. Have stomach upset (knot or nervous feeling in stomach, heartburn, nausea, gas, etc.)	1	2	3	4	5
15. Perspiration in palms of your hands or other parts of your body.	1	2	3	4	5
16. Dry feeling in mouth or throat	1	2	3	4	5