

Purpose A 22-item, self-report scale, the SPS was designed to assess daytime cognitions in patients with insomnia. Though researchers have frequently focused on nighttime thoughts and preoccupations when attempting to treat disordered sleep, a growing body of research suggests that daytime beliefs about sleep may be just as significant in the experience of insomnia [1]. SPS items evaluate two distinct domains: the cognitive and behavioral consequences of poor sleep (e.g., negative thoughts and perceptions), and the affective consequences (e.g., worry and distress). The tool may be particularly useful for clinicians attempting to identify and treat the origins of sleep issues in their patients.

Population for Testing The scale has been validated with patient and control samples with a mean age of 43 ± 23 .

Administration A self-report, paper-and-pencil measure, the scale requires between 10 and 15 min for completion.

Reliability and Validity Developers Ellis and colleagues (2007) conducted a study analyzing the psychometric properties of the scale and

found a reliability of .91. Additionally, analysis of variance demonstrated significant differences between the three different samples of sleepers (poor, average, and good).

Obtaining a Copy An example of questionnaire items can be found in the original article published by developers [2].

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Scoring Using a six-point, Likert-type scale, respondents indicate how frequently they experience certain thoughts and behave in specific ways on a typical day – 0 means “never,” while 6 denotes “all the time.” Higher total scores are indicative of more negative daytime cognitions and feelings about sleep, and are a sign that treatment programs targeting these thought processes may be valuable.

This questionnaire is designed to find out how often you think about your sleep pattern throughout the day and the kinds of thoughts that you have. Read each statement carefully and circle the answer that best represents how often, **on a typical day** within the last month, you have experienced the thought or feeling, or performed that specific behaviour.

	Never	Hardly At All	Very Infrequently	Every Now and Then	Quite Often	Almost All the Time	All the Time
I feel anxious about my sleep pattern	0	1	2	3	4	5	6
I feel anxious about what will happen when I try to sleep tonight	0	1	2	3	4	5	6
I try to get to bed early the next day after a bad night's sleep	0	1	2	3	4	5	6
I find it hard to concentrate during the day after a bad night's sleep	0	1	2	3	4	5	6
My memory appears to be worse after a bad night's sleep	0	1	2	3	4	5	6
I am more sensitive to what other people say after a bad night's sleep	0	1	2	3	4	5	6
I have to make more of an effort with my appearance after a bad night's sleep	0	1	2	3	4	5	6
I am more irritable after a bad night's sleep	0	1	2	3	4	5	6
I become frustrated when I think about my sleep pattern	0	1	2	3	4	5	6
I get upset when others talk about their 'good' sleep patterns	0	1	2	3	4	5	6
I have a lie-in after a bad night's sleep	0	1	2	3	4	5	6
I know that if I have a bad night's sleep, I will also have a bad day	0	1	2	3	4	5	6
I worry about the long-term consequences of poor sleep	0	1	2	3	4	5	6
I cannot perform my daily tasks as well when I have had a bad night's sleep	0	1	2	3	4	5	6
I think of what 'good' sleep would be like	0	1	2	3	4	5	6
I take it easy the next day after a bad night	0	1	2	3	4	5	6

	Never	Hardly At All	Very Infreq- uently	Every Now and Then	Quite Often	Almost All the Time	All the Time
All my problems seem worse after a bad night's sleep	0	1	2	3	4	5	6
I cannot stop dwelling on thoughts of sleep during the day	0	1	2	3	4	5	6
I wonder if my sleep patterns will ever become 'normal'	0	1	2	3	4	5	6
I try to avoid other people when I have had a bad night's sleep	0	1	2	3	4	5	6
I yawn more often after a bad night's sleep	0	1	2	3	4	5	6
My eyes are more sensitive / sore after a bad night's sleep.	0	1	2	3	4	5	6

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References

1. Harvey, A. G. (2002). A cognitive model of insomnia. *Behaviour Research and Therapy*, 40, 869–893.
2. Ellis, J., Mitchell, K., & Hogg, H. (2007). Sleep preoccupation in poor sleepers: psychometric properties of the sleep preoccupation scale. *Journal of Psychosomatic Research*, 63(6), 579–585.

Representative Studies Using Scale

- Ellis, J., Hampson, S. E., & Cropsley, M. (2007). The role of preoccupation in attributions for poor sleep. *Sleep Medicine*, 8(3), 277–280.