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Bergen Insomnia Scale (BIS)

BIS · SELF-REPORT

RESPONDENT NAME _____ DATE _____ CLINICIAN _____

The questionnaire below contains six questions relating to sleep and tiredness. Please select the alternative (average number of days per week) that suits you best. 0 means no days during the course of a week, 7 means every day during the course of a week.

Example. If it took you more than 30 minutes to fall asleep after you switched the light off, and this happened on average 3 days a week, select alternative 3.

1	During the past month, how many days a week has it taken you more than 30 minutes to fall asleep after the light was switched off?	0	1	2	3	4	5	6	7
2	During the past month, how many days a week have you been awake for more than 30 minutes between periods of sleep?	0	1	2	3	4	5	6	7
3	During the past month, how many days a week have you awakened more than 30 minutes earlier than you wished without managing to fall asleep again?	0	1	2	3	4	5	6	7
4	During the past month, how many days a week have you felt that you have not had enough rest after waking up?	0	1	2	3	4	5	6	7
5	During the past month, how many days a week have you been so sleepy/tired that it has affected you at school/work or in your private life?	0	1	2	3	4	5	6	7
6	During the past month, how many days a week have you been dissatisfied with your sleep?	0	1	2	3	4	5	6	7

Total Score (sum of all 6 items) _____

Developer Reference:

Pallesen, S., Bjorvatn, B., Nordhus, I. H., Sivertsen, B., Hjørnevik, M., & Morin, C. M. (2008). A new scale for measuring insomnia: The Bergen Insomnia Scale. Perceptual and Motor Skills, 107(3), 691–706. https://doi.org/10.2466/pms.107.3.691-706

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