Participant ID:	Date:
Evaluator:	Appointment:

FoSI-23

Below is a list of things that people sometimes think or do in relation to sleep. Please rate how often each occurred in the **past month.**

	Not at all	A few times per month	Once or twice per week	Several times per week	Nearly every night
I was fearful of letting my guard down while sleeping.	0	1	2	3	4
2. Little noises around the house woke me up.	0	1	2	3	4
3. I woke up in the night and I was terrified of returning to sleep.	0	1	2	3	4
4. I stayed up late to avoid sleeping.	0	1	2	3	4
5. When lying in bed I thought about a traumatic experience.	0	1	2	3	4
6. I had dreams about a past traumatic experience.	0	1	2	3	4
7. I slept with the windows closed regardless of the weather to feel safer.	0	1	2	3	4
8. I was fearful of the loss of control that I experience during sleep.	0	1	2	3	4
9. I used lots of blankets (regardless of weather) to feel safe at night.	0	1	2	3	4
I avoided going to sleep because I thought I would have really bad dreams.	0	1	2	3	4
11. I repeatedly checked the locks on the doors and windows at bedtime.	0	1	2	3	4
12. Being in the dark scared me.	0	1	2	3	4
13. I slept with a light on to feel safer.	0	1	2	3	4
14. I was aware of being especially vulnerable when I'm asleep.	0	1	2	3	4
15. I slept with something or someone in bed with me to help me feel safe.	0	1	2	3	4
16. I awoke in the middle of the night from a nightmare, and avoided returning to sleep because I might go back into the nightmare.	0	1	2	3	4
17. I slept with the television on to feel safe.	0	1	2	3	4
18. I was afraid to close my eyes.	0	1	2	3	4
19. I felt that it was dangerous to fall asleep.	0	1	2	3	4
20. I kept a weapon near my bed at night.	0	1	2	3	4
21. I tried to stay as alert as I could while lying in bed.	0	1	2	3	4
22. I slept on a couch or somewhere other than my bed to feel safe.	0	1	2	3	4
23. I tried to stay alert to any strange noises while going to sleep.	0	1	2	3	4

		Date: Appointment:				
	FoSI-23					
Below is a list of statements about things that sometimes happen to people in bed, in the dark, or while they are sleeping. Please rate whether the statements are True (T) or False (F) and indicate the age(s) you were when this happened.						
24.	Dangerous, frightening, or very unpleasant things have happened to me while I was If "True", how old were you when this happened?	in bed.	□Т	□F		
25.	Dangerous, frightening, or very unpleasant things have happened to me while I was If "True", how old were you when this happened?	sleeping.	□Т	□F		
26.	Dangerous, frightening, or very unpleasant things have happened to me in the dark. If "True", how old were you when this happened?		□T	□F		

27. There was a time when I had to stay on guard at night or while I was in bed in order to protect

If "True", how old were you when this happened? _____

myself or others.

 \Box T \Box F