

Participant ID: _____
 Evaluator: _____

Date: _____
 Appointment: _____

FoSI-SF

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
1. I was fearful of letting my guard down while sleeping.	0	1	2	3	4
2. I tried to stay as alert as I could while lying in bed.	0	1	2	3	4
3. I was fearful of the loss of control that I experience during sleep.	0	1	2	3	4
4. I woke up in the night and I was terrified of returning to sleep.	0	1	2	3	4
5. I avoided going to sleep because I thought I would have really bad dreams.	0	1	2	3	4
6. 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
7. I was afraid to close my eyes.	0	1	2	3	4
8. I felt that it was dangerous to fall asleep.	0	1	2	3	4
9. I was aware of being especially vulnerable when I'm asleep.	0	1	2	3	4
10. I stayed up late to avoid sleeping.	0	1	2	3	4
11. I tried to stay alert to any strange noises while going to sleep.	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