

Pre-Sleep Arousal Scale

Please describe how intensely you generally experience each of these symptoms as you attempt to fall asleep in your own bedroom.

1 2 3 4 5
not at all slightly moderately a lot extremely

Somatic

Cognitive

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