HEARING LIEZEL KOTZÉ INC. BALANCE CAPE TOWN

Name and Surname: ___________________________
Date of birth: _________________________________

INSOMNIA SEVERITY INDEX *(Charles M Morin, Ph.D. Université Laval)*

For each question please CIRCLE the number that best describes your answer. *(Please rate the current i.e* ***LAST TWO WEEKS)*** ***SEVERITY*** *of your insomnia problem.*

Question 1-3:

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1) Difficulty falling asleep	0	1	2	3	4
2) Difficulty staying asleep	0	1	2	3	4
3) Problems waking up too early	0	1	2	3	4

Question 4-7:

4) How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
0	1	2	3	4

5) How NOTICABLE to others do you think your sleep problems is in terms of impairing the quality of your life?

Not at all noticable	A little	Somewhat	Much	Very much noticeable
0	1	2	3	4

6) How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all worried	A little	Somewhat	Much	Very much worried
0	1	2	3	4

7) To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood etc.) CURRENTLY?

Not at all interfering	A little	Somewhat	Much	Very much interfering
0	1	2	3	4

9 Solway Street
Bellville
7530
(next to Mediclinic Louis Leipoldt)
T 021 946 3620
F 021 946 3626
adminbellville@liezelkotze.co.za

Netcare Christiaan Barnard
Memorial Hospital
Suite 1412, DF Malan Street
Foreshore, Cape Town, 8001
T 021 418 3219
F 021 418 3173
adminchristiaanbarnard@liezelkotze.co.za

Netcare Kuils River Hospital
Suite 401, Kuylen Chambers
33 Van Riebeeck Road
Kuils River, 7580
T 021 900 6490
F 021 900 6494
adminkuilsriver@liezelkotze.co.za

Netcare Blaauwberg Hospital
Suite A1-3, Waterville Crescent
Sunningdale
7441
T 021 554 4275
F 021 554 4297
adminblaauwberg@liezelkotze.co.za

admin@capehearingimplants.co.za www.capehearingimplants.co.za