

# Glasgow Sleep Impact Index (GSII)

**PART 1: Areas**

Dear participant, below are the three most important things affected by your sleep, that you filled-in and rated previously.

**PART 2: ratings**

Can you please give each of these areas a score, depending upon how bothered you were by it, in the past **two weeks**. Place a vertical mark through the line wherever your personal rating falls.

Here is an example:

Very bothered		Not bothered
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Very bothered	_____	Not bothered
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Very bothered	_____	Not bothered
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Very bothered	_____	Not bothered
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