

Client Information

<i>Client Name</i>	Dummy Client
<i>Date of birth (age)</i>	1 January 2000 (24)

Assessment Information

<i>Assessment</i>	Regensburg Insomnia Scale (RIS)
<i>Date administered</i>	10 February 2024
<i>Assessor</i>	Mr Jimmy Whispers
<i>Time taken</i>	0 minutes 22 seconds

Results

	Raw Score (0-40)	Clinical Percentile	Insomnia Cutoff?
Total	23	53.1	Yes

Sleep Factors

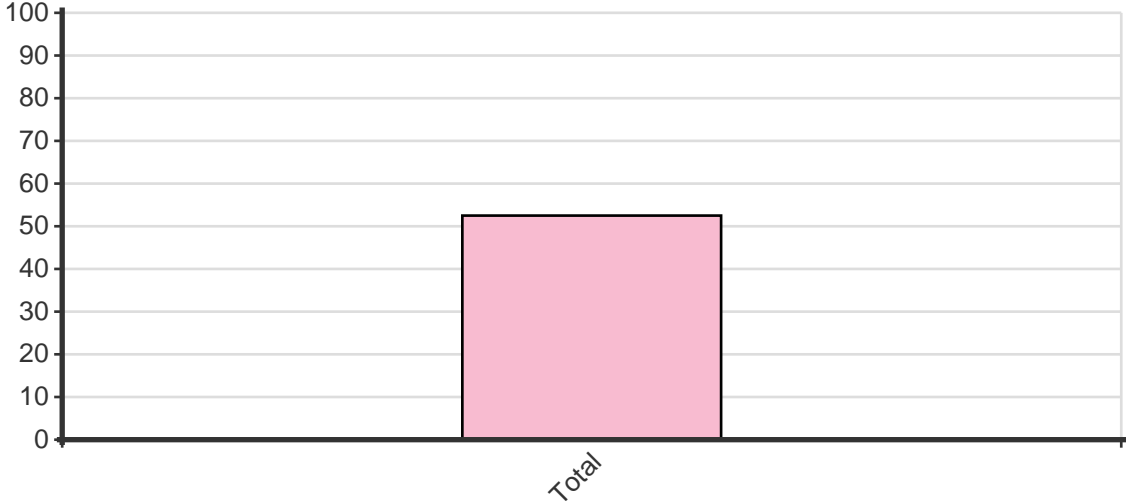
	Raw Score	Average Score
Poor Sleep Depth	8	2.7
Poor Sleep Quantity	4	1.3
Fearful Focus	5	2.5
Hypnotics & Poor Daytime Functioning	6	3

Interpretive Text

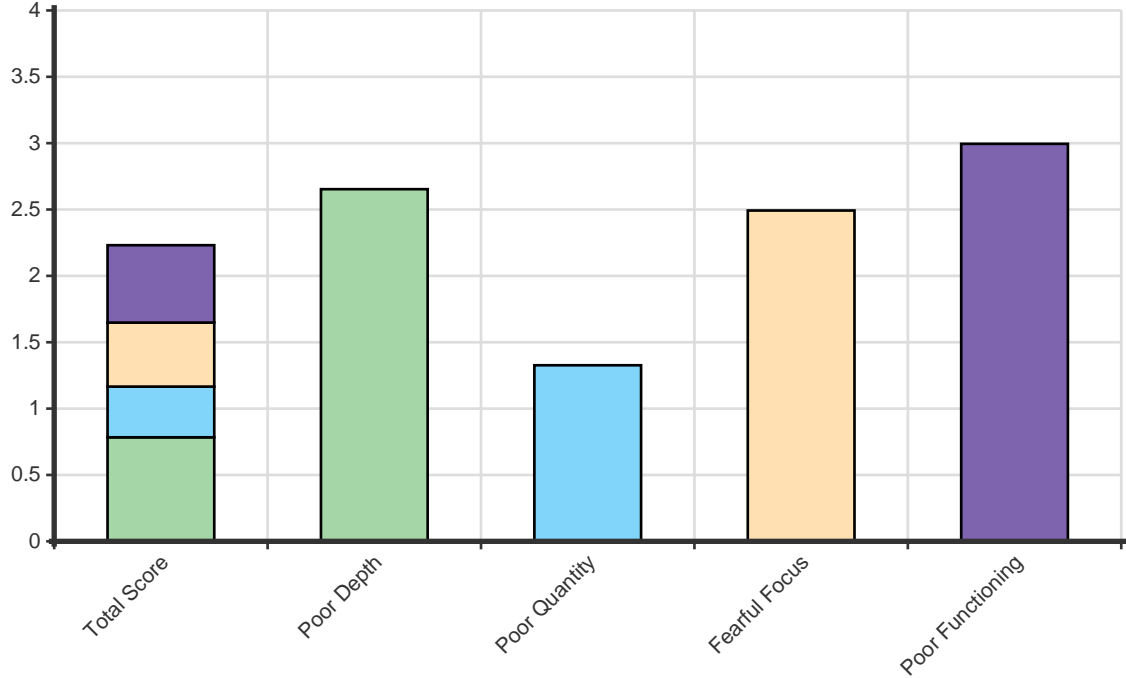
	This client scored above the cutoff of 12. Therefore, this client's score is consistent with the cognitive, emotional, and behavioural aspects of psychophysiological insomnia.
--	---

Client Name	Dummy Client
--------------------	--------------

Clinical Percentile



Average Scores



Scoring and Interpretation Information

Total scores range from 0 to 40 points with higher scores indicative of more cognitive, behavioural, and emotional difficulties consistent with psychophysiological insomnia. Scores from 0-12 are considered

Client Name	Dummy Client
--------------------	--------------

Scoring and Interpretation Information (cont.)

normal and scores above the cutoff (13+) are indicative of symptoms consistent with psychophysiological insomnia that warrant further investigation.

A clinical percentile is shown as a comparison of the total score of the respondent's in comparison to patients with diagnosed psychophysiological insomnia (Cronlein et al., 2013). A clinical percentile of around 50 indicated that a client has scored at the average level for the clinical comparison group and would be indicative of significant cognitive, behavioural, and emotional symptoms consistent with psychophysiological insomnia.

There are four factors for the RSI:

1. Poor Sleep Depth (items 3, 4, 5) – measuring sleep continuity, easy awakening, and early awakening.
2. Poor Sleep Quantity (items 1, 2, 6) – measuring sleep latency, sleep duration, and sleepless nights.
3. Fearful Focus on Insomnia (items 7, 8) – measuring thinking about sleep and fear of insomnia.
4. Hypnotics and Poor Daytime Functioning (items 9, 10) – measuring impaired daytime fitness and hypnotics intake.

Average scores are presented for the four factors so that a comparison can be made (due to different numbers of questions in each factor) and which allows a comparison of relative strengths and weaknesses in the sleep factor areas (with higher average scores indicating more difficulties).

The RIS can be used to monitor the effectiveness of sleep interventions such as CBT-i.

Client Responses

		1-20 minutes	21-40 minutes	41-60 minutes	61-90 minutes	91 minutes and more
1	How many minutes do you need to fall asleep?	0	1	2	3	4
		7 hours and more	5-6 hours	4 hours	2-3 hours	0-1 hours
2	How many hours do you sleep during the night?	0	1	2	3	4
		Always	Mostly	Sometimes	Seldom	Never
3	Please read the following statements and rate how often the following occurrences happen. My sleep is disturbed.	4	3	2	1	0

Client Name	Dummy Client
--------------------	--------------

Client Responses (cont.)						
		Always	Mostly	Sometimes	Seldom	Never
4	I wake up too early.	4	3	2	1	0
5	I wake up from the slightest sound.	4	3	2	1	0
6	I feel that I have not slept all night.	4	3	2	1	0
7	I think a lot about my sleep.	4	3	2	1	0
8	I am afraid to go to bed because of my disturbed sleep.	4	3	2	1	0
9	I feel fit during the day.	0	1	2	3	4
10	I take sleeping pills in order to get to sleep.	4	3	2	1	0