

Substance Use Sleep Scale (SUSS)

Mind and Body Sleep Problems - <u>thinking about the last week</u>	No	Yes
1. I have worried about my sleeping	<input type="checkbox"/>	<input type="checkbox"/>
2. I have wanted to sleep better	<input type="checkbox"/>	<input type="checkbox"/>
3. I have had difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>
4. I have felt too unsafe to sleep	<input type="checkbox"/>	<input type="checkbox"/>
5. I have had uncontrollable/ racing thoughts when I tried to sleep	<input type="checkbox"/>	<input type="checkbox"/>
6. I have had negative emotions (such as anger, guilt or anxiety) when I tried to sleep	<input type="checkbox"/>	<input type="checkbox"/>
7. I have had aches and pains that stopped me from sleeping	<input type="checkbox"/>	<input type="checkbox"/>
8. I have been waking up lots in the night	<input type="checkbox"/>	<input type="checkbox"/>
9. I have had panic attacks in the night	<input type="checkbox"/>	<input type="checkbox"/>
10. I have had dreams which have disturbed my sleep	<input type="checkbox"/>	<input type="checkbox"/>
11. I have felt restless in my sleep (e.g. jumpy, twitchy or itchy legs)	<input type="checkbox"/>	<input type="checkbox"/>
12. I have woken up feeling confused or disoriented	<input type="checkbox"/>	<input type="checkbox"/>
13. I have woken up tired most mornings	<input type="checkbox"/>	<input type="checkbox"/>
14. I have been too tired to think clearly or to do things during the day	<input type="checkbox"/>	<input type="checkbox"/>
Substance Related Sleep Problems – <u>thinking about the last week</u>	No	Yes
15. I have drunk alcohol to help me sleep	<input type="checkbox"/>	<input type="checkbox"/>
16. I have taken street drugs to help me sleep	<input type="checkbox"/>	<input type="checkbox"/>
17. I have woken up in the night and drunk alcohol	<input type="checkbox"/>	<input type="checkbox"/>
18. I have woken up in the night and used street drugs	<input type="checkbox"/>	<input type="checkbox"/>
19. I have woken up in the night and smoked tobacco	<input type="checkbox"/>	<input type="checkbox"/>
20. I have vomited in my sleep	<input type="checkbox"/>	<input type="checkbox"/>
21. I have woken up with a hangover or drunk	<input type="checkbox"/>	<input type="checkbox"/>
22. I have woken up withdrawing	<input type="checkbox"/>	<input type="checkbox"/>
23. I have needed alcohol or drugs to get out of bed	<input type="checkbox"/>	<input type="checkbox"/>

Items score 0 (No) or 1 (Yes), so total scores range from 0-23 (where lower scores denote better sleep and higher scores denote worse sleep)

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