



# THE PRIMARY CARE COMPANION FOR CNS DISORDERS

## **Supplementary Material**

**Title:** Development of Insomnia Associated With Different Formulations of Bupropion

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### **Disclaimer**

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

## Appendix 1. Insomnia Severity Index<sup>a</sup>

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the 'Guidelines for Scoring/Interpretation' below to see where your sleep difficulty fits.

For each question, please CIRCLE the number that best describes your answer.

*Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).*

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

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 NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all Noticeable	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, mood, 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

### Guidelines for Scoring/Interpretation:

Add the scores for all seven items (questions 1 + 2 + 3 + 4 + 5 + 6 + 7) = \_\_\_\_\_ your total score

Total score categories:

0–7 = No clinically significant insomnia

8–14 = Subthreshold insomnia

15–21 = Clinical insomnia (moderate severity)

22–28 = Clinical insomnia (severe)

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(ISI) [Database record]. APA PsycInfo website. <https://doi.org/10.1037/107115-000.1993>. © 2021 Copyright Psychia Postgraduate Press, Inc.

## Appendix 2. Clinically Useful Depression Outcome Scale<sup>a</sup>

### INSTRUCTIONS

This questionnaire includes questions about symptoms of depression. For each item please indicate how well it describes you during the PAST WEEK, INCLUDING TODAY. Circle the number in the columns next to the item that best describes you.

### RATING GUIDELINES

**0=not at all true (0 days)**

**1=rarely true (1-2 days)**

**2=sometimes true (3-4 days)**

**3=often true (5-6 days)**

**4=almost always true (every day)**

**During the PAST WEEK, INCLUDING TODAY....**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I felt sad or depressed.....                                       | 0 | 1 | 2 | 3 | 4 |
| 2. I was not as interested in my usual activities .....               | 0 | 1 | 2 | 3 | 4 |
| 3. My appetite was poor and I didn't feel like eating.....            | 0 | 1 | 2 | 3 | 4 |
| 4. My appetite was much greater than usual .....                      | 0 | 1 | 2 | 3 | 4 |
| 5. I had difficulty sleeping.....                                     | 0 | 1 | 2 | 3 | 4 |
| 6. I was sleeping too much.....                                       | 0 | 1 | 2 | 3 | 4 |
| 7. I felt very fidgety, making it difficult to sit still.....         | 0 | 1 | 2 | 3 | 4 |
| 8. I felt physically slowed down, like my body was stuck in mud ..... | 0 | 1 | 2 | 3 | 4 |
| 9. My energy level was low .....                                      | 0 | 1 | 2 | 3 | 4 |
| 10. I felt guilty .....   | 0 | 1 | 2 | 3 | 4 |
| 11. I thought I was a failure .....                                   | 0 | 1 | 2 | 3 | 4 |
| 12. I had problems concentrating.....                                 | 0 | 1 | 2 | 3 | 4 |
| 13. I had more difficulties making decisions than usual .....         | 0 | 1 | 2 | 3 | 4 |
| 14. I wished I was dead.....  | 0 | 1 | 2 | 3 | 4 |
| 15. I thought about killing myself.....                               | 0 | 1 | 2 | 3 | 4 |
| 16. I thought that the future looked hopeless .....                   | 0 | 1 | 2 | 3 | 4 |

17. Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past week?

- 0) not at all
- 1) a little bit
- 2) a moderate amount
- 3) quite a bit
- 4) extremely

18. How would you rate your overall quality of life during the past week?

- 0) very good, my life could hardly be better
- 1) pretty good, most things are going well
- 2) the good and bad parts are about equal
- 3) pretty bad, most things are going poorly
- 4) very bad, my life could hardly be worse

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