

## BIOLOGICAL RYTHM INTERVIEW OF ASSESSMENT IN NEUROPSYCHIATRY (BRIAN)

From the options below, check the one that better describes the patient's behavior in the last 15 days.

### SLEEP

1. Do you have problems falling asleep at your usual time? How frequently?
(1) Not at all (2) Seldom (3) Sometimes (4) Often
2. Do you have problems waking up at your usual time? How frequently?
(1) Not at all (2) Seldom (3) Sometimes (4) Often
3. Do you have problems getting out of bed after you wake up? How frequently?
(1) Not at all (2) Seldom (3) Sometimes (4) Often
4. Do you have problems feeling rested with the amount of sleep you usually get (including subjective perception of being rested and actual performance in daily activities, such as driving, working)? How frequently?
(1) Not at all (2) Seldom (3) Sometimes (4) Often
5. Do you feel you have difficulty in switching off at the time of resting? How frequently?
(1) Not at all (2) Seldom (3) Sometimes (4) Often

### ACTIVITY

6. Do you have difficulties in completing activities at your work? How frequently?
(1) Not at all (2) Seldom (3) Sometimes (4) Often
7. Do you have difficulties in completing your household activities? How frequently?
(1) Not at all

- (2) Seldom
- (3) Sometimes
- (4) Often

8. Do you have difficulties in keeping your usual rhythm of physical activity (e.g. taking abus, metro or practicing sports)? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

9. Do you have difficulties in performing your daily activities in the time scheduled? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

10. Do you have difficulties in keeping your usual level of libido / sexual activity? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

## **SOCIAL**

11. Do you have difficulties in communicating and having interpersonal relationships with significant others? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

12. Do you overly use electronic devices to the point that it impairs your interpersonal relationships (such as the television or the internet)? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

13. Do you have difficulties in synchronizing daily routines and sleep patterns with significant others (family, friends, spouse)? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

14. Do you have difficulties in giving attention to significant others (family, friends, spouse)? How frequently?

- (1) Not at all

- (2) Seldom
- (3) Sometimes
- (4) Often

## EATING PATTERN

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15. Do you have difficulties in keeping the scheduled times for meals? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

16. Do you skip meals? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

17. Do you have difficulties in eating a regular amount during meals? How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

18. Do you have difficulties in using stimulants with moderation? (such as coffee, coke and chocolate). How frequently?

- (1) Not at all
- (2) Seldom
- (3) Sometimes
- (4) Often

## PREDOMINANT RHYTHM (CHRONOTYPE)

Consider the last 12 months for the following questions.

19. Tends to be more energized for work and interpersonal relationships at night.

- (1) Never
- (2) Seldom
- (3) Often
- (4) Always

20. Feels more productive in the morning.

- (1) Never
- (2) Seldom
- (3) Often
- (4) Always

21. Do you have your day/night cycle reversed?

- (1) Never
- (2) Seldom
- (3) Often
- (4) Always