



SYNTHETIC EXAMPLE

Daytime Insomnia Symptom Scale

DISS - presentation preview

CLIENT

John Doe

ADMINISTERED

Example date

RESPONSE MODE

Self-report

INSTRUMENT

DISS

SOURCE

Buysse and colleagues

CLINICAL ROLE

Daytime
insomnia-symptom
support

What this report lays out

- Named instrument, version, and provenance
- Item-level response pattern without source wording
- Methodology, references, and clinical boundary
- Responsible clinician review rather than automated conclusions

CLINICIAN REVIEW REQUIRED

This document demonstrates Lirena's report design using fictional data. It does not represent a scored DISS result, cannot establish a diagnosis, and must not be placed in a clinical record.

DISS is not a diagnosis. A result cannot replace clinician-led assessment, history, examination, or investigation where those are required.



A report designed for clinical review

Clear structure, visible provenance, and an explicit boundary help a clinician review recorded evidence without mistaking a questionnaire for a conclusion.

REVIEW

The source description uses repeated daytime ratings rather than a one-question-at-a-time night-time checklist. This public page does not collect those ratings or return a score. Confirm the official administration method before any digital workflow.

CONTEXT

Published scoring conventions may exist in official materials. This public page does not independently verify scoring, cutoffs, or a production scoring rule. Use the official form and scoring instructions for the version you intend to use.

SOURCE

Catalogue information on the measure's purpose, source and administration requirements.

REPORT PRINCIPLE

Show the evidence, the version, and the boundary. Leave diagnosis and formulation with the clinician.



Item-level layout without source wording

This marketing sample uses invented item numbers and response labels only. It does not reproduce DISS item wording, and the pattern below is not a real result.

ITEM	ILLUSTRATIVE SCALE POINT	FICTIONAL RESPONSE
1	5 of 5	Most days
2	1 of 5	Not at all
3	4 of 5	Often
4	5 of 5	Most days
5	3 of 5	Sometimes
6	3 of 5	Sometimes
7	2 of 5	A little
8	2 of 5	A little
9	4 of 5	Often
10	1 of 5	Not at all
11	5 of 5	Most days
12	3 of 5	Sometimes
13	5 of 5	Most days
14	4 of 5	Often

Item numbers, scale points, and responses on this page are invented for layout demonstration. They are not this instrument's item set, scoring structure, or thresholds.



Source-led by design

Lirena separates published methodology, product implementation, and clinical approval. A citation does not by itself authorize administration or prove a software scoring rule.

INSTRUMENT

DISS was published as a daytime-symptom instrument using repeated visual analog ratings rather than a single night-time insomnia total. Clinics considering it must confirm the official administration mode. It is not a stand-alone insomnia diagnosis and is not interchangeable with ISI.

ADMINISTRATION

The source description uses repeated daytime ratings rather than a one-question-at-a-time night-time checklist. This public page does not collect those ratings or return a score. Confirm the official administration method before any digital workflow.

CLINICAL BOUNDARY

DISS is not a diagnosis. A result cannot replace clinician-led assessment, history, examination, or investigation where those are required.

GOVERNANCE

Catalogue information on the measure's purpose, source and administration requirements.

SELECTED REFERENCES

1. Original DISS paper

Buyssse DJ et al. Daytime symptoms in primary insomnia: a prospective analysis using ecological momentary assessment. *Sleep Med.* 2007;8(3):198-208.

SOURCE AND VERIFICATION Confirm the official form with the source before any live workflow.