

INFORMANT: Patient/ Bed Partner/ Carer/ Other

**INSTRUCTIONS:** The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions

During the past month,

1. When have you usually gone to bed at night? **Bedtime** \_\_\_\_\_
2. How long (in minutes) has it taken you to fall asleep each night? **Number Of Minutes** \_\_\_\_\_
3. What time have you usually gotten up in the morning? **Getting Up Time** \_\_\_\_\_
4. How many hours of actual sleep did you get that night?  
(This may be different than the number of hours you spend in bed) **Hours Of Sleep Per Night** \_\_\_\_\_

For each of the remaining questions check one best response. Please answer all questions

	Not during the past month (0)	less than once a week (1)	Once or twice a week (2)	Three or more a week (3)
5. During the past month, how often have you had trouble sleeping because you.....				
a. cannot get to sleep within 30 mins				
b. Wake up in the middle of the night or early morning				
c. Had to get up to use the bathroom				
d. Cannot breath comfortably				
e. Cough or snore loudly				
f. Feel too cold				
g. Feel too hot				
h. Had bad dreams				
i. Had pain				
j. Other reason(s) please describe, including how often you have had trouble sleeping because of this				

	Not during the past month (0)	less than once a week (1)	Once or twice a week (2)	Three or more a week (3)
7. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep				
8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
9. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem
10. Do you have a partner or room mate?				
No bed partner or room mate				
Partner/room mate in other room				
Partner in same room, but not same bed				
Partner in same bed				
If you have a room mate or bed partner, ask him/ her how often in the past month you have had				
a. Loud snoring				
b. Long pauses between breaths while you sleep				
c. Legs twitching or jerking while you sleep				
d Episodes of disorientation or confusion during sleep				
e. Other restlessness while you sleep: Please describe				
	Very Good (0)	Fairly Good (1)	Fairly Bad (2)	Very Bad (3)
6. during the past month, how would you rate your sleep quality overall				