

# QUESTIONNAIRE

## Questionnaire about your sleep pattern

Please indicate the extent to which each statement applies to you.

Possible answers:

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

Answer all of the questions.

Please note: the statements concern the last three months.

In some cases you may not know the answer, for example: whether you snore. In that case ask your partner. If you sleep alone and don't know whether you snore, leave the question blank.

### Example:

I wake up exhausted in the morning.

 1  2  3  4  5

If you often feel exhausted when you get out of bed in the morning, you circle "4".

I wake up exhausted in the morning.

 1  2  3  4  5

# QUESTIONNAIRE

1 I feel tired during the day

1 2 3 4 5

2 When I lie down in bed I have an unpleasant tickling, burning or itching sensation in my legs.

1 2 3 4 5

3 I wake up in the morning with a dry mouth.

1 2 3 4 5

4 I wake suddenly at night with a scream and/or in a heavy sweat, and feeling scared.

1 2 3 4 5

5 I don't fall asleep until four o'clock in the morning and then find it difficult to get up on time. At the weekend I get up late.

1 2 3 4 5

6 When I have "restless legs" I can make the sensation go away by walking or by stretching my legs.

1 2 3 4 5

7 My sleep is of poor quality and I don't feel rested in the morning.

1 2 3 4 5

8 I have "restless legs", which I have the constant urge to move, particularly in the evening.

1 2 3 4 5

9 While I am asleep, I move my arms or legs.

1 2 3 4 5

10 I lie awake for much of the night.

1 2 3 4 5

11 While I am asleep, I often thrash about with my legs.

1 2 3 4 5



# QUESTIONNAIRE

**12** I am worried about my poor sleep pattern. For example: the impact on my health.

1	2	3	4	5
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**13** I find it difficult to fall asleep at night.

1	2	3	4	5
---	---	---	---	---

**14** After a bad night, I suffer from tiredness, irritability, memory problems and a lack of energy.

1	2	3	4	5
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**15** I don't get enough sleep, even though I spend a lot of time in bed.

1	2	3	4	5
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**16** I often have a dream in which I am attacked and defend myself with violent movements.

1	2	3	4	5
---	---	---	---	---

**17** I sometimes briefly stop breathing while I am asleep.

1	2	3	4	5
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**18** I snore loudly during the night.

1	2	3	4	5
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**19** I am jolted awake at night with the sensation that I am suffocating.

1	2	3	4	5
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**20** I suffer from nightmares and frightening dreams.

1	2	3	4	5
---	---	---	---	---

**21** Lack of sleep is having a negative effect upon my performance during the day.

1	2	3	4	5
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**22** I have injured myself while asleep, without having any memory of it happening.

1	2	3	4	5
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# QUESTIONNAIRE

23 I fall asleep several times during the day.

1	2	3	4	5
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24 I half wake up during the night, confused and thrashing about.

1	2	3	4	5
---	---	---	---	---

25 I don't feel rested after taking a nap.

1	2	3	4	5
---	---	---	---	---

26 I am unable to fall asleep at a normal time or to wake up at a normal time in the morning.

1	2	3	4	5
---	---	---	---	---

27 If I have to stay awake at night (on a nightshift for example), I find it difficult to sleep during the day.

1	2	3	4	5
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28 I usually sleep more than ten hours a night. I find it difficult to wake up and take naps during the day.

1	2	3	4	5
---	---	---	---	---

29 I fall suddenly asleep during the day and can't do anything about it.

1	2	3	4	5
---	---	---	---	---

30 I fall asleep at a different time every day.

1	2	3	4	5
---	---	---	---	---

31 I suffer from sleepwalking.

1	2	3	4	5
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32 I fall asleep during the day when I don't want to. Particularly if there's nothing interesting on TV for example.

1	2	3	4	5
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