

Assessment of Other Sleep Disorders

Patient's name: _____

SLEEP COMPLAINT	N	R	S	O	F
Insomnia					
It takes me 30 or more minutes to fall asleep					
I wake up for 30 or more minutes during the night					
I wake up 30 or more minutes prior to my alarm					
Circadian Disorders					
I prefer to go to bed early (before 10:00) and wake up early (before 05:30)					
I prefer to go to bed late (after 01:00) and wake up late (after 09:00)					
Sleepiness					
I am prone to fall asleep at inappropriate times/places					
Obstructive Sleep Apnea					
Snoring					
Gaspings/choking during sleep					
Stopping breathing during sleep					
Poor, unrefreshing sleep regardless of sleep duration					
Morning headaches					
Urinating more than twice a night					
Dry mouth upon awakening					
Hypertension					
BMI >30 kg/m ²					
Restless legs syndrome (RLS)					
I get uncomfortable sensations in my legs					
In the evenings my legs feel restless					
I often feel that I have to get up and walk around					
I have been told that I am a restless sleeper					
My bed partner complains I move around a lot at night					
Narcolepsy					
When excited (e.g. anger or humoured) I feel physically weak					
When falling asleep, I experience scary dream like images					
When I am first awakening, I experience scary dream like images					
When I am first awakening, I feel like I can't move					
Nightmare disorder					
I have nightmares, specially in the first ½ of the night					
I have nightmares, specially in the latter ½ of the night					
For no reason, I awaken suddenly, startled, and feeling afraid					

N – Never, R – Rarely, S – Sometimes, O – Often, F - Frequently