

Patient Name \_\_\_\_\_ Your Weight \_\_\_\_\_

Date of Birth \_\_\_\_\_ Your Height \_\_\_\_\_

Today's Date \_\_\_\_\_ Doctor's Name \_\_\_\_\_

## SDQ

### Sleep Disorders Questionnaire

<u><i>Disorder</i></u>	<u>Percentile</u>	<u>Exceeds Cut off</u>
Sleep Apnea		
Narcolepsy		
Psych		
RLS/PLM's		

\*\*\*\*\*Key for answers\*\*\*\*\*

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

- |     |  |           |
|-----|--|-----------|
| 1.  | I have trouble getting to sleep at night   | 1 2 3 4 5 |
| 2.  | I wake up often during the night   | 1 2 3 4 5 |
| 3.  | At bedtime, thoughts race through my mind  | 1 2 3 4 5 |
| 4.  | At bedtime, I feel sad and depressed   | 1 2 3 4 5 |
| 5.  | When falling asleep, I feel paralyzed (unable to move)   | 1 2 3 4 5 |
| 6.  | When falling asleep, I have “restless legs” (a feeling of crawling, aching, or inability to keep legs still) | 1 2 3 4 5 |
| 7.  | I am told I snore loudly and bother others   | 1 2 3 4 5 |
| 8.  | I am told I stop breathing (“hold my breath”) in sleep   | 1 2 3 4 5 |
| 9.  | I awake suddenly gasping for breath, unable to breath  | 1 2 3 4 5 |
| 10. | At night my heart pounds, beats rapidly, or beats irregularly (“palpitations”)                               | 1 2 3 4 5 |
| 11. | I sweat a great deal at night  | 1 2 3 4 5 |
| 12. | My sleep is disturbed by “restless legs” (a feeling of crawling, aching, inability to keep my legs still)    | 1 2 3 4 5 |
| 13. | My sleep is disturbed by sadness or depression   | 1 2 3 4 5 |
| 14. | I have a lot of nightmares (frightening dreams)  | 1 2 3 4 5 |
| 15. | I feel unable to move (paralyzed) after a nap  | 1 2 3 4 5 |
| 16. | I have dream-like images (hallucinations) when I awaken in the morning even though I know I am not asleep    | 1 2 3 4 5 |
| 17. | I have slept for several days at a time, or at least I have been overwhelmingly sleepy for that long         | 1 2 3 4 5 |
| 18. | I have been unable to sleep <u>at all</u> for several days   | 1 2 3 4 5 |

19. I feel that I have insomnia 1 2 3 4 5
20. Now, I am very sleepy during the day and I struggle to stay awake 1 2 3 4 5
21. In the past 6 months, I have fallen asleep accidentally in some of these situations: eating a meal, talking on the phone, talking to someone, riding in a bus or car, watching TV, at a theater, reading a book, at a lecture 1 2 3 4 5
22. I got bad grades in school because I was sleepy 1 2 3 4 5
23. I now have trouble doing my job because of sleepiness or fatigue 1 2 3 4 5
24. I often have to let someone else drive the car because I am too sleepy to do it 1 2 3 4 5
25. I see vivid dream-like images (hallucinations) either just before or just after a daytime nap, yet I am sure I am awake when they happen 1 2 3 4 5
26. I am often unable to move (paralyzed) when I am waking up in the morning 1 2 3 4 5
27. Sometimes I realize I have driven my car to the wrong place, and I can't remember how I did it 1 2 3 4 5
28. I get "weak knees" when I laugh 1 2 3 4 5
29. I get sudden muscular weakness (or even a brief period of paralysis, being unable to move) when laughing, angry, or in situations of strong emotion 1 2 3 4 5
30. I have high blood pressure (or once had it) 1 2 3 4 5
31. My desire or interest in sex is less than it used to be 1 2 3 4 5
32. I am unhappy about loving relationships in my life 1 2 3 4 5
33. I have considered or attempted suicide 1 2 3 4 5
34. Someone in my family has been hospitalized for a psychiatric illness or "nervous breakdown" 1 2 3 4 5
35. I smoke tobacco within two hours of bedtime 1 2 3 4 5

36. I have a problem with my nose blocking up when I am trying to sleep (allergies, infections) 1 2 3 4 5
37. My snoring or my breathing problem is much worse on my back 1 2 3 4 5
38. My snoring or my breathing problem is much worse if I fall asleep right after drinking alcohol 1 2 3 4 5

**IN THE NEXT SECTION, PLEASE CIRCLE THE ITEM (NUMBERED 1-5) WHICH BEST MATCHES YOUR ANSWER:**

39. How long is your longest wake period at night?
1. Less than 4 hrs.      2. Four to 5 hrs.      3. Six hrs.  
4. Seven hrs.      5. Eight or more
40. How many times in a night do you get up to urinate?
1. None      2. One time      3. Two times  
4. Three times      5. Four or more times
41. How many work accidents have you had as a result of sleepiness or fatigue?
1. None      2. One      3. Two  
4. Three      5. Four or more
42. What is your current weight (in lb.)?
1. 134 lb. Or less      2. 135-159 lb.      3. 160 - 183 lb.  
4. 184-209 lb.      5. 210 lb. or more
43. How many years were you a smoker?
1. None      2. One year      3. 2 - 12 years  
4. 13 to 25 years      5. 25 years or more
44. How old are you now?
1. 25 or under      2. 26-35 yr.      3. 36-44 yr.  
4. 45-50 yr.      5. 51 yr. or older

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

Use this scale to choose the most appropriate number for each situation. Even if you haven't done some of these activities recently, think about how they would have affected you.

0 = would never doze

2 = moderate chance of dozing

1 = slight chance of dozing

3 = high chance of dozing

<b>SITUATION</b>	<b>CHANCE OF DOZING (0-3)</b>
45. Sitting and reading	0 1 2 3
46. Watching television	0 1 2 3
47. Sitting inactive in a public place, For example, a theater or meeting	0 1 2 3
48. As a passenger in a car for an hour, without a break	0 1 2 3
49. Lying down to rest in the afternoon	0 1 2 3
50. Sitting and talking to someone	0 1 2 3
51. Sitting quietly after lunch (when you've had no alcohol)	0 1 2 3
52. In a car, while stopped in traffic	0 1 2 3