



Exam 7
Sleep Study PSG
Questionnaire

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

The following questions ask about your typical sleep patterns.

1. What time do you usually go to bed (try to fall asleep):

- | | Hr | Min | AM | PM | |
|--|---|---|-----------------------|-----------------------|--------------------------------------|
| a. On weekdays or work days? | <input type="text"/> <input type="text"/> | : <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <i>(Note that midnight is 12 AM)</i> |
| b. On weekends (Saturday, Sunday) or days off? | <input type="text"/> <input type="text"/> | : <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |

2. What time do you usually get out of bed:

- | | Hr | Min | AM | PM |
|---|---|---|-----------------------|-----------------------|
| a. On weekdays or work days? | <input type="text"/> <input type="text"/> | : <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| b. On weekends (Saturday, Sunday), or days off? | <input type="text"/> <input type="text"/> | : <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> |

3. How long does it usually take you to fall asleep at bedtime?

hours minutes

4. After waking up, how long do you usually stay in bed before getting out of bed?

hours minutes

5. How much sleep do you usually get each night (or over the longest time you are in bed):

- | | | | | |
|------------------------------|---|-------|---|---------|
| a. On weekdays or work days? | <input type="text"/> <input type="text"/> | hours | <input type="text"/> <input type="text"/> | minutes |
| b. On weekends or days off? | <input type="text"/> <input type="text"/> | hours | <input type="text"/> <input type="text"/> | minutes |



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6. During a usual week, how many times do you nap for 15 or more minutes?

Number of naps

If you usually nap 1 or more times per week:

a. On average, how long is your typical nap? Hours Minutes

b. In general, were these naps planned, or did you fall asleep without meaning to?

- Naps planned
- Fell asleep without planning to
- Both (some planned, some not)
- Don't know

The following questions ask about the quality of your sleep.

*During **the past two weeks:***

7. In the past two weeks, have you had problems falling asleep, staying asleep, or waking up too early?

- Yes
- No → **Go to Q14**

None Mild Moderate Severe Very Severe

8. Please rate the current **SEVERITY** of your difficulty falling asleep.



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None Mild Moderate Severe Very Severe

9. Please rate the current **SEVERITY** of your difficulty staying asleep.

10. Please rate the current **SEVERITY** of your problem of waking up too early.

Not at all interfering A little Somewhat Much Very much interfering

11. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/ daily chores, concentration, memory, mood, etc.)?

Not at all noticeable Barely Somewhat Much Very much noticeable

12. How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?



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13. How **WORRIED**/
distressed are you about
your current sleep problem?

Not at all	A little	Somewhat	Much	Very much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How **SATISFIED**/
dissatisfied are you about
your current sleep pattern?

Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pick the answer that best describes how often you experienced the situation in the **past 4 weeks**.

15. Did you have trouble falling asleep?

No, not in the <u>past 4 weeks</u>	Yes, less than <u>once a week</u>	Yes, 1 or 2 <u>times a week</u>	Yes, 3 or 4 <u>times a week</u>	Yes, 5 or more <u>times a week</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Did you wake up several times a night?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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17. Did you wake up earlier than you planned to?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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18. Did you have trouble getting back to sleep after you woke up too early?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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19. Did you take sleeping pills to help you sleep?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	No, not in the <u>past 4 weeks</u>	Yes, less than <u>once a week</u>	Yes, 1 or 2 <u>times a week</u>	Yes, 3 or 4 <u>times a week</u>	Yes, 5 or more <u>times a week</u>
20. Did you have sleep difficulties that made you very irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Did you feel overly sleepy during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very sound or restful	Sound and restful	Average Quality	Restless	Very Restless
22. Overall, was your typical night's sleep during the past 4 weeks:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For this section, please check the response for each item that best describes you during the **past 4 weeks**.

	No, not in the <u>past 4 weeks</u>	Yes, less than <u>once a week</u>	Yes, 1 or 2 <u>times a week</u>	Yes, 3 or 4 <u>times a week</u>	Yes, 5 or more <u>times a week</u>
23. Do you ever use an over-the-counter medicine (like Benadryl or Tylenol PM) to help you sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Do you ever use a prescription medicine (like trazodone or Ambien) to help you sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do you ever use caffeinated drinks (coffee, soda, energy drinks, etc.) to help you stay awake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The following questions ask about feeling sleepy or alert during the day.

In the last 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
26. I felt irritable because of poor sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I was sleepy during the daytime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I had trouble staying awake during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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In the last two years, have you had any times when you:

29. Nearly fell asleep while driving?

- Yes →
- No

a. How many times?

In the last two years, have you had any times when you:

30. Fell asleep while driving?

- Yes →
- No

a. How many times?

b. Did this result in a car crash?

- Yes
- No

31. At what time in the evening do you feel most tired and, as a result, most in need of sleep?

- 8:00 PM-9:00 PM
- 9:00 PM-10:15 PM
- 10:15 PM-12:45 AM
- 12:45 AM- 2:00 AM
- 2:00 AM- 3:00 AM



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The following asks about things that may influence your sleep.

32a. When in bed, before going to sleep, do you usually:

	Yes	No
a. Watch TV	<input type="radio"/>	<input type="radio"/>
b. Read books, magazines, etc (paper format)	<input type="radio"/>	<input type="radio"/>
c. Read on an electronic device (Kindle, phone, etc)	<input type="radio"/>	<input type="radio"/>
d. Talk or text using a phone	<input type="radio"/>	<input type="radio"/>
e. Have a light on	<input type="radio"/>	<input type="radio"/>
f. Listen to music	<input type="radio"/>	<input type="radio"/>

32b. In the two hours before going to bed, do you usually:

a. Drink alcohol	<input type="radio"/>	<input type="radio"/>
b. Drink caffeinated beverages (coffee, etc.)	<input type="radio"/>	<input type="radio"/>
c. Smoke cigarettes, pipes or cigars	<input type="radio"/>	<input type="radio"/>

33. Do you usually:

- Have a bedpartner
- Sleep in a room with another person, but don't share a bed
- Sleep by yourself
- Prefer not to answer



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34. Do any of the following make it difficult to sleep?

	Never	Sometimes	Usually	Always
a. Noise in the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Noise outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Temperature too hot or cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Too much light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Worry or stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Body pain (joints, legs, back)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Acid reflux/heartburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Shortness of breath or problems breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. How often do you remember your dreams?

- Never → **Go to Q37**
- Less than once per month
- About once or twice per month
- About once or twice per week
- More than 3 times a week but not every night
- Most nights



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*If response to Q35 was **not** "Never":*

36. When you do remember a dream, do you tend to recall it quite clearly?

- Yes
- No
- Not sure

For all participants:

37. Have you ever been told, or suspected yourself, that you seem to 'act out your dreams' while asleep (for example, punching, flailing your arms in the air, making running movements, etc.)?

- Yes
- No
- Not sure