

## | Sleep Disorders Questionnaire (SDQ)

Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Weight	<input type="text"/>
Today's Date	<input type="text"/>	Height	<input type="text"/>
Doctor's Name	<input type="text"/>		

### Instructions

This questionnaire will give your doctor a good understanding about your **problems** with **sleeping and waking**. It is very important to answer every question, because some disorders show up as a **pattern** of answers to different questions.

In answering the questions, consider each question as applying to the **past six months** of your life, unless you have been told differently by the person who gave you this booklet.

Some people work night shift, or rotating shifts. Others have a very changeable bedtime. For these people, questions which ask about "day, daytime, morning, etc." will mean the **time when they wake** from their **longest sleep of the day** and become **active**. Similarly, "night, nighttime, bedtime, nocturnal" would refer to whenever they are having their longest sleep of the day.

Most of the questions are simple statements. You answer by circling a number from 1 to 5. If you are using the **computerized answer sheet**, blacken the space which corresponds to your answer, "1 to 5", instead of circling the answer.

If you **strongly disagree** with the statement, or if it **never happens to you**, answer **"NEVER"**. If the statement is **always true** in your case, or you **strongly agree** with it, answer **"ALWAYS"**. You may also choose **"RARELY"**, **"SOMETIMES"**, or **"USUALLY"** as your answer.

Notice that an "answer key" appears at the top of each page to remind you what is meant by the numbers.

**If you are certain that a question does not apply to you, leave it blank.**

But try to answer every question if at all possible. This is important.

**Please mark "✓" as appropriate:**

	NEVER (strongly disagree)	RARELY (disagree)	SOMETIMES (not sure)	USUALLY (agree)	ALWAYS (strongly agree)
1. I get too little sleep at night					
2. I often have a poor night's sleep					
3. I have trouble getting to sleep at night					
4. I wake up often during the night					
5. My bedtime varies a lot					
6. At bedtime, thoughts race through my mind					
7. At bedtime, I feel sad and depressed					
8. At bedtime, I worry about things					
9. At bedtime, I feel muscular tension					
10. At bedtime, I'm afraid of not being able to go to sleep					
11. When falling asleep, I feel paralyzed (unable to move)					
12. When falling asleep, I have "restless legs" (a feeling of crawling, aching, or inability to keep legs still)					
13. After waking at night, I fear I will not be able to get back to sleep					
14. My night sleep is restless and disturbed					
15. At night, my sleep disturbs my bed partner's sleep					
16. My night sleep is disturbed by light					
17. My night sleep is disturbed by noise					
18. My sleep is disturbed by severe heartburn and choking ("regurgitation", bringing up bitter stomach fluid)					
19. I often wake up because I am hungry					
20. I snore in my sleep					
21. I am told I snore loudly and bother others					
22. I am told I stop breathing ("hold my breath") in sleep					
23. I awake suddenly gasping for breath, unable to breathe					
24. At night my heart pounds, beats rapidly, or beats irregularly ("palpitations")					
25. I sweat a great deal at night					

Please mark "✓" as appropriate:	NEVER (strongly disagree)	RARELY (disagree)	SOMETIMES (not sure)	USUALLY (agree)	ALWAYS (strongly agree)
26. I walk in my sleep					
27. I grind my teeth while I sleep					
28. I wake from sleep screaming, confused, and at times violent ("night terrors")					
29. My sleep is disturbed because of pain in the neck, back, muscles, joints, legs or arms					
30. My sleep is disturbed by chest pain (not angina)					
31. My sleep is disturbed by "restless legs" (a feeling of crawling, aching, inability to keep legs still)					
32. My sleep is disturbed by thoughts racing through my mind					
33. My sleep is disturbed by sadness or depression					
34. My sleep is disturbed by worrying about things					
35. My sleep is disturbed by muscular tension					
36. My sleep is disturbed by fears that I might not be able to get back to sleep if I should wake up					
37. I often have a night full of intense vivid dreams					
38. I have a lot of nightmares (frightening dreams)					
39. I feel unable to move (paralyzed) after a nap					
40. I have dream-like images (hallucinations) when I awaken in the morning even though I know I am not asleep					
41. I am sometimes very sleepy in the daytime, and this seems to go in cycles at regular intervals					
42. I have slept for several days at a time, or at least I have been overwhelmingly sleepy for that long					
43. I have been unable to sleep at all for several days					
44. I feel that my sleep is abnormal					
45. I feel that I have insomnia					
46. As a child, I had difficulty waking up in the morning					
47. As a child, I had sleepiness during the day					
48. I have a problem because of headaches while sleeping					

Please mark "✓" as appropriate:	NEVER (strongly disagree)	RARELY (disagree)	SOMETIMES (not sure)	USUALLY (agree)	ALWAYS (strongly agree)
49. As a child, I was fatigued during the day					
50. As a child, I rocked myself to get to sleep					
51. I used to bang my head as a child					
52. I used to sleepwalk in childhood					
53. As a child, I had convulsions (seizures) during sleep					
54. As a child, I would grind my teeth while asleep					
55. Now, I am very sleepy during the day and I struggle to stay awake					
56. 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					
57. I got bad grades in school because I was too sleepy					
58. I now have trouble doing my job because of sleepiness or fatigue					
59. I often have to let someone else drive the car because I am too sleepy to do it					
60. 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					
61. I have vivid dreams during my daytime naps					
62. I am often unable to move (paralyzed) when I am waking up in the morning					
63. Sometimes I realize I have driven my car to the wrong place, and I can't remember how I did it					
64. I find myself doing things which make no sense, such as writing nonsense instead of notes, or mixing together chocolate and gravy					
65. People tell me that I act strangely at times, and yet I was not aware of it when it happened					
66. I get "weak knees" when I laugh					
67. 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					

**Please mark "✓" as appropriate:**

	NEVER (strongly disagree)	RARELY (disagree)	SOMETIMES (not sure)	USUALLY (agree)	ALWAYS (strongly agree)
68. I am excessively sleepy during the daytime					
69. I have at some time had trouble with my bladder					
70. I have had problems with tonsils or adenoids					
71. I have high blood pressure (or once had it)					
72. My tonsils and/or adenoids have been removed					
73. I get pains in my abdomen (stomach)					
74. I have had a head injury					
75. I have been knocked unconscious (knocked out)					
76. I suffer from dizzy spells					
77. I have seizures ("fits", convulsions, epilepsy)					
78. I have problems with clumsiness, incoordination					
79. I feel that I have a sexual problem					
80. My desire or interest in sex is less than it used to be					
81. I have pain or discomfort during sexual intercourse					
82. I sleep better after having sex					
83. I am unhappy about my social life					
84. I am unhappy about loving relationships in my life					
85. I am unhappy about my sex life					
86. I am dissatisfied with my job					
87. I have a problem with my sleep					
88. I wake up in the morning with a headache					
89. I have considered or attempted suicide					
90. I feel I am useful and needed					
91. I am sleeping more than I used to					
92. Someone in my immediate family has trouble with insomnia (brother/sister, father/mother, son/daughter, grandparent)					
93. Someone in my immediate family is very sleepy during the day					

**Please mark "✓" as appropriate:**

	NEVER (strongly disagree)	RARELY (disagree)	SOMETIMES (not sure)	USUALLY (agree)	ALWAYS (strongly agree)
94. Someone in my immediate family has psychiatric or emotional illness (e.g.: depression, alcoholism)					
95. Some of my other relatives have trouble with insomnia (uncles, aunts, cousins)					
96. Some of my other relatives are very sleepy during the day					
97. Some of my other relatives have psychiatric illness					
98. Some family member has died suddenly in their sleep					
99. Some family member has "restless legs" while sleeping (a feeling of crawling, aching, inability to keep the legs still)					
100. A child in my family died from "crib death" (sudden infant death syndrome, SIDS)					
101. Someone in my family has been hospitalized for a psychiatric illness or "nervous breakdown"					
102. People in my family seem to be worriers					
103. Someone in my family has diabetes					
104. Someone in my family has had a stroke ("apoplexy")					
105. I often use alcohol in order to get to sleep					
106. I use alcohol to steady my nerves					
107. While drinking alcohol, I have carried out actions without being aware of them, and not remembered them the next day					
108. I smoke tobacco within two hours of bedtime					
109. I have used "street drugs" (marijuana, "uppers", "downers", narcotics, hallucinogens, cocaine)					
110. I have used tobacco to help me go to sleep					
111. I have used marijuana to help me go to sleep					
112. I currently take a non-prescription drug from the pharmacy in order to help me sleep					
113. I currently take a non-prescription drug to stop me being so sleepy and fatigued in the daytime					
114. I take a prescription drug which the doctor gave me mainly to help me sleep (sleeping pills, anti-depressants, tranquilizers)					

Please mark "✓" as appropriate:	NEVER (strongly disagree)	RARELY (disagree)	SOMETIMES (not sure)	USUALLY (agree)	ALWAYS (strongly agree)
	115. I take a prescription drug which the doctor gave me mainly to keep me awake during the day (e.g.: ritalin)				
116. I take some drugs at night for my other illnesses, not related to sleep, yet I find they help me sleep					
117. I have taken drugs for my heart					
118. I use relaxation techniques or mental imagery (e.g.: counting sheep) to help me sleep					
119. I use non-drug therapies in order to get to sleep (e.g.: biofeedback, acupuncture, electrosleep)					
120. I exercise regularly					
121. I was born as part of a multiple birth (twins, or triplets, etc. Includes cases where the others died at birth or afterwards)					
122. My family was emotionally close in my childhood					
123. I got along well with my parents while growing up					
124. I am currently unemployed					
125. I am working at a job with rotating shifts					
126. I have had a job where I worked at unusual times					
127. I am presently living in a house					
128. I get along well with my husband / wife / friend, who is currently living with me					
129. Coffee, tea, or cola drinks seem to worsen my sleep					
130. Mental stress, worry, or anxiety worsens my sleep					
131. Physical exercise helps my sleep					
132. A daytime nap worsens my nighttime sleep					
133. Mental stress, worry, or anxiety makes me feel sleepy during the day					
134. After a nap, I feel less sleepy in the daytime					
135. Hot weather makes me sleepy during the day					
136. When doing shift work, I am sleepy during the day					
137. I have a small jaw, or other abnormality of the bones in my head or neck					

	NEVER (strongly disagree)	RARELY (disagree)	SOMETIMES (not sure)	USUALLY (agree)	ALWAYS (strongly agree)
<b>Please mark "✓" as appropriate:</b>					
138. I have a chronic chest disease (bronchitis, asthma, emphysema)					
139. I have a problem with my nose blocking up when I am trying to sleep (allergies, infections)					
140. I wake up with "attacks" which are different from those described anywhere else in this questionnaire					
141. My snoring or my breathing problem is much worse if I sleep on my back					
142. My snoring or my breathing problem is much worse if I fall asleep right after drinking alcohol					
143. My snoring or my breathing problem is much worse when I have an allergy or infection in the nose, throat, or chest					

**The following questions are for women only:**

144. I have gone through the menopause ("change of life")					
145. My sleep at night is affected by my menstrual cycle					
146. My daytime sleepiness worsens with pregnancy					
147. My daytime sleepiness is worse since my menopause					

**The following questions are for men only:**

148. I often have problems getting an erection					
149. I have trouble maintaining an erection					
150. I have trouble with ejaculation (either I can't do it at all, or it happens too soon)					
151. My erections are physically distorted					
152. I often awaken with an erection during the night or in the morning					



**In the next section, please circle the item (numbered 1-5) which best matches your answer**

153. How many hours of sleep do you get at night, not including time spent awake in bed?

1 Less than 4 hours

3 6 hours

2 4 to 5 hours

4 7 hours

5 8 or more

154. How long is your longest wake period at night

1 Less than 5 minutes

3 20 to 59 minutes

2 6 to 19 minutes

4 1 to 2 hours

5 More than 2 hours

155. How many times in a night do you get up to urinate?

1 None

3 2 times

2 1 time

4 3 times

5 4 or more times

156. How many work accidents have you had as a result of sleepiness or fatigue?

1 None

3 2

2 1

4 3 or 4

5 5 or more

157. How many car accidents or "near misses" have you had because of excessive sleepiness?

1 None

3 2

2 1

4 3

5 4 or more

158. How many daytime naps (asleep for 5 minutes or more) do you take on an average working day?

1 None

3 2

2 1

4 3 or 4

5 5 or more

**In the next section, please circle the item (numbered 1-5) which best matches your answer**

159. How many rest periods do you take on an average working day (but do not sleep during them)?

- |        |             |
|--------|-------------|
| 1 None | 3 2 or 3    |
| 2 1    | 4 4 or 5    |
|        | 5 6 or more |

160. How many times, in an average working day, do you try to nap but find that you can't fall asleep?

- |        |             |
|--------|-------------|
| 1 None | 3 2         |
| 2 1    | 4 3         |
|        | 5 4 or more |

161. How long do you remain restored (refreshed, alert) after a daytime nap?

- |                    |                   |
|--------------------|-------------------|
| 1 Less than 1 hour | 3 3 hours         |
| 2 1 to 2 hours     | 4 4 or 5 hours    |
|                    | 5 6 hours or more |

162. How long do you remain restored after a rest?

- |                        |                   |
|------------------------|-------------------|
| 1 Less than 30 minutes | 3 1 to 2 hours    |
| 2 30-59 minutes        | 4 3 to 4 hours    |
|                        | 5 5 hours or more |

163. What is your current weight (in lb.)?

- |                   |                   |
|-------------------|-------------------|
| 1 134 lb. or less | 3 160-183 lb.     |
| 2 135-159 lb.     | 4 184-209 lb.     |
|                   | 5 210 lb. or more |

164. What was your weight six months ago?

- |                   |                   |
|-------------------|-------------------|
| 1 134 lb. or less | 3 160-183 lb.     |
| 2 135-159 lb.     | 4 184-209 lb.     |
|                   | 5 210 lb. or more |

**In the next section, please circle the item (numbered 1-5) which best matches your answer**

165. What was your weight at age 20?

- |                          |                          |
|--------------------------|--------------------------|
| <b>1</b> 125 lb. or less | <b>3</b> 140-155 lb.     |
| <b>2</b> 126-139 lb.     | <b>4</b> 156-175 lb.     |
|                          | <b>5</b> 176 lb. or more |

166. How many cups of regular coffee do you have in a day?

- |                |                         |
|----------------|-------------------------|
| <b>1</b> None  | <b>3</b> 2 cups         |
| <b>2</b> 1 cup | <b>4</b> 3 to 5 cups    |
|                | <b>5</b> 6 cups or more |

167. How many of the coffees are within 2 hours of bedtime?

- |                |                         |
|----------------|-------------------------|
| <b>1</b> None  | <b>3</b> 2 cups         |
| <b>2</b> 1 cup | <b>4</b> 3 to 5 cups    |
|                | <b>5</b> 6 cups or more |

168. How many glasses/cans of cola drinks do you have in a day (do not include decaffeinated types)?

- |                |                         |
|----------------|-------------------------|
| <b>1</b> None  | <b>3</b> 2 cans         |
| <b>2</b> 1 can | <b>4</b> 3 to 5 cans    |
|                | <b>5</b> 6 cans or more |

169. How many of these colas are within 2 hours of bedtime?

- |                |                         |
|----------------|-------------------------|
| <b>1</b> None  | <b>3</b> 2 cans         |
| <b>2</b> 1 can | <b>4</b> 3 to 5 cans    |
|                | <b>5</b> 6 cans or more |

170. How many years were you a smoker?

- |                 |                           |
|-----------------|---------------------------|
| <b>1</b> None   | <b>3</b> 2 to 12 years    |
| <b>2</b> 1 year | <b>4</b> 13 to 25 years   |
|                 | <b>5</b> 26 years or more |

**In the next section, please circle the item (numbered 1-5) which best matches your answer**

171. How long does it take you to adjust after traveling across time zones (especially 4 or more zones)?

1 No time at all

3 2 days

2 1 day

4 3 to 4 days

5 5 or more days

172. How tall are you?

1 63 in. or less

3 67 to 69.5 in.

2 64 to 66.5 in.

4 70 to 71 in.

5 71.5 inches or taller

173. How old are you now?

1 25 or under

3 36-44 year

2 26-35 year

4 45-50 year

5 51 year. or older

174. How many years did you go to school? Include years of college and university too.

1 4 year. or less

3 12 year.

2 5-11 year.

4 13-14 year.

5 15 year. or more

175. Before this visit, how many "therapists" (doctor, psychiatrist, psychologist, nurse, counselor, osteopath, chiropractor) have you ever seen about a problem of sleeping too much or too little?

1 None

3 2

2 1 only

4 3 or 4

5 5 or more

If you are using the computerized answer sheet, please check that you put your name, sex, and birthdate on that sheet. Also, please remember to fill in the circles under these items. Thank you.