

# Sleep Disorders Questionnaire

This questionnaire is a screening tool for physicians to assist their clinical evaluation of insomnia. It can be used to screen for a sleep disorder. See page 2 for guide to interpreting the questionnaire.

The physician should perform a more detailed clinical evaluation and/or refer to specialist when appropriate.

Grade your answer by circling one number for each of the following questions:		Grading Scale				
		Never	Rarely	Occasionally	Most Nights/Days	Always
1	Do you have trouble falling asleep?	1	2	3	4	5
2	Do you have trouble staying asleep?	1	2	3	4	5
3	Do you take anything to help you sleep?	1	2	3	4	5
4	Do you use alcohol to help you sleep?	1	2	3	4	5
5	Do you have any medical conditions that disrupt your sleep?	1	2	3	4	5
6	Have you lost interest in hobbies or activities?	1	2	3	4	5
7	Do you feel sad, irritable, or hopeless?	1	2	3	4	5
8	Do you feel nervous or worried?	1	2	3	4	5
9	Do you think something is wrong with your body?	1	2	3	4	5
10	Are you a shift worker or is your sleep schedule irregular?	1	2	3	4	5
11	Are your legs restless and/or uncomfortable before bed?	1	2	3	4	5
12	Have you been told that you are restless or that you kick your legs in your sleep?	1	2	3	4	5
13	Do you have any unusual behaviours or movements during sleep?	1	2	3	4	5
14	Do you snore?	1	2	3	4	5
15	Has anyone said that you stop breathing, gasp, snort, or choke in your sleep?	1	2	3	4	5
16	Do you have difficulty staying awake during the day?	1	2	3	4	5

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See page 2 for guide to interpreting the questionnaire.

## *GUIDE TO INTERPRETING THE INSOMNIA SCREENING QUESTIONNAIRE*

### ***DIAGNOSTIC DOMAINS:***

- 1) Insomnia: Q1-5
- 2) Psychiatric Disorders: Q6-9
- 3) Circadian Rhythm Disorder: Q10
- 4) Movement disorders: Q11-12
- 5) Parasomnias Q13

## ***GENERAL GUIDELINES FOR INTERPRETING THE GRADING SCALE***

- 1) Grading of 3, 4 or 5 on any question, the patient likely suffers from insomnia. If they answer 3, 4 or 5 for two or more items and have significant daytime impairment the insomnia requires further evaluation and management.
- 2) Grading 4 or 5 on questions 6-9 require further screening for psychiatric disorders. Question 8 refers to somatization and may reflect an underlying somatoform disorder which requires specific treatment.
- 3) Grading 4 or 5 on question 10 may be a circadian rhythm disorder. Further questioning about shift work or a preference for a delayed sleep phase should be done.
- 4) Grading 4 or 5 on question 11 or 12 is significant and likely contributing to the patient's symptoms of insomnia or non-restorative sleep. Question 11 refers to restless legs syndrome and question 12 refers to periodic limb movement disorder.
- 5) Grading 2-5 on question 14 should raise concern especially if the event or movement is violent or potentially injurious to the patient or bed partner.
- 6) Grading 4 or 5 on question 14 or 15 alone require further clinical evaluation for sleep apnea. Grading above 3 on questions 14 and 15 or 14 and 16 is also suspicious for sleep apnea and further evaluation should be done.