

SDS-CL-25

Date: __/__/__ ID/Initials __ Age: __ Sex: __ Height __ Weight __ H1: Work Shift: n/a First (9-5pm) Second (4-12am) Third (12to8am) H2: Work Hours: __0 __10-19 __20-40 __ > 40 Hours per week H3: Doyouregularlyhaveabedpartner? (3ormoredays/week) (Yes/No) H4: Howmuchsleepdoyoutypicallygetpernight? __hours (e.g., 8.5 hrs.) H5: Howmuchtime doyoutypicallyspend inbedpernight? __hours (e.g., 9.0hrs.) Answer all questions for what has been typical for you for the last 3 months	0	1	2	3	4
	NEVER	ONCE A MONTH	1-2 TIMES A WEEK	3-5 TIMES A WEEK	>5 TIMES A WEEK
1. Myworkorotheractivitiespreventmefromgettingatleast6hoursofsleep					
2. My bedtime or waketime varies by more than 3 hours					
3. It takes me 30 minutes or more to fall asleep					
4. I am awake for 30 minutes or more during the night					
5. I wake up 30 or more minutes before I have to and can't fall back asleep					
6. I am tired, fatigued, or sleepy during the day					
7. I sleep better if I go to bed before 9pm and wake up before 4:30am					
8. I sleep better if I go to bed late (after 1am) and wake up late (after 9am)					
9. I am prone to fall asleep at inappropriate times or places					
10. I snore					
11. I wake up with a dry mouth in the morning (cotton mouth)					
12. My snoring is so loud, that my bed partner complains					
13. I have to been told that I stop breathing in my sleep					
14. I wake up choking or gasping for air					
15. I feel uncomfortable sensations in my legs, especially when sitting or lying down, that are relieved by moving them					
16. I have an urge to move my legs that is worse in the evenings and nights					
17. I wake up frequently during the night for no reason					
18. When angered, humored, frightened, I experiencesuddenmuscleweakness					
19. Whenfallingasleeporwakingup, I experience scarydreamlike images					
20. When I am first awakening, I feel like I can't move					
21. I have nightmares					
22. For no reason, I awaken suddenly, feeling startled and afraid					
23. I have been told that I walk, talk, eat, act strangelyorviolentlywhenasleep					
24. I grind my teeth or clench my jaw while I sleep					
25. My sleep difficulties interfere with my daily activities					