<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Your weight</th>
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<tbody>
<tr>
<td>Date of Birth</td>
<td>Your height</td>
</tr>
<tr>
<td>Today’s Date</td>
<td>Doctor’s Name / Clinic Number</td>
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</tbody>
</table>

SDQ

Sleep Disorders Questionnaire®

version 2.03

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created by

Alan Douglass MD¹, Robert Bornstein PhD², German Nino-Murcia MD.³

Derived from a pool of questions (Sleep Questionnaire and Assessment of Wakefulness, "SQAW") created at Stanford University Sleep Disorders Center by Drs. Laughton Miles, Christian Guilleminault, Vincent P. Zarcone Jr., and William C. Dement. The SQAW was copyrighted by Dr. Miles, 1979, and is used here by permission. The SDQ © is copyrighted by the seven above-named persons, and distributed exclusively by SleepLab Software Ltd.

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²Department of Psychiatry, Ohio State University, Columbus, OH
³Sleep Medicine and Neuroscience Institute, Palo Alto, CA (deceased)
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 strongly disagree with the statement, or if it never happens to you, answer "1". If the statement is always true in your case, or you agree strongly with it, answer "5". You may also choose "2 rarely", "3 sometimes", or "4 usually" as your answer. Notice that an "answer key" appears at the bottom of each page to remind you what is meant by the numbers. Please answer all of the questions.

Here is an example of how to fill out a question:

1. How often does it snow in Florida in July?  

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. Notice that answer "1" can mean that the things asked in the question never happen to you.

If you are using the computerized answer sheet, blacken the space which corresponds to your answer, "1 to 5", instead of circling the answer in this booklet.

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

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

**************************************************************************

**Key for answers**

1. NEVER (strongly disagree)
2. RARELY (disagree)
3. SOMETIMES (not sure)
4. USUALLY (agree)
5. ALWAYS (agree strongly)
24. At night my heart pounds, beats rapidly, or beats irregularly ("palpitations") 1 2 3 4 5
25. I sweat a great deal at night 1 2 3 4 5
26. I walk in my sleep 1 2 3 4 5
27. I grind my teeth while I sleep 1 2 3 4 5
28. I wake from sleep screaming, confused, and at times violent ("night terrors") 1 2 3 4 5
29. My sleep is disturbed because of pain in the neck, back, muscles, joints, legs or arms 1 2 3 4 5
30. My sleep is disturbed by chest pain (not angina) 1 2 3 4 5
31. My sleep is disturbed by "restless legs" (a feeling of crawling, aching, inability to keep legs still) 1 2 3 4 5
32. My sleep is disturbed by thoughts racing through my mind 1 2 3 4 5
33. My sleep is disturbed by sadness or depression 1 2 3 4 5
34. My sleep is disturbed by worrying about things 1 2 3 4 5
35. My sleep is disturbed by muscular tension 1 2 3 4 5
36. My sleep is disturbed by fears that I might not be able to get back to sleep if I should wake up 1 2 3 4 5
37. I often have a night full of intense vivid dreams 1 2 3 4 5
38. I have a lot of nightmares (frightening dreams) 1 2 3 4 5
39. I feel unable to move (paralyzed) after a nap 1 2 3 4 5
40. 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
41. I am sometimes very sleepy in the daytime, and this seems to go in cycles at regular intervals 1 2 3 4 5
42. 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
43. I have been unable to sleep at all for several days 1 2 3 4 5
44. I feel that my sleep is abnormal 1 2 3 4 5

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

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

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

Key for answers
1 2 3 4 5
NEVER (strongly disagree) RARELY (disagree) SOMETHES (not sure) USUALLY (agree) ALWAYS (agree strongly)
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)
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 1 2 3 4 5
132. A daytime nap worsens my nighttime sleep 1 2 3 4 5
133. Mental stress, worry, or anxiety makes me feel sleepy during the day 1 2 3 4 5
134. After a nap, I feel less sleepy in the daytime 1 2 3 4 5
135. Hot weather makes me sleepy during the day 1 2 3 4 5
136. When doing shift work, I am sleepy during the day 1 2 3 4 5
137. I have a small jaw, or other abnormality of the bones in my head or neck 1 2 3 4 5
138. I have a chronic chest disease (bronchitis, asthma, emphysema) 1 2 3 4 5
139. I have a problem with my nose blocking up when I am trying to sleep (allergies, infections) 1 2 3 4 5
140. I wake up with "attacks" which are different from those described anywhere else in this questionnaire 1 2 3 4 5
141. My snoring or my breathing problem is much worse if I sleep on my back 1 2 3 4 5
142. My snoring or my breathing problem is much worse if I fall asleep right after drinking alcohol 1 2 3 4 5
143. My snoring or my breathing problem is much worse when I have an allergy or infection in the nose, throat, or chest 1 2 3 4 5
THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY:

144. I have gone through the menopause ("change of life")  
1  2  3  4  5

145. My sleep at night is affected by my menstrual cycle  
1  2  3  4  5

146. My daytime sleepiness worsens with pregnancy  
1  2  3  4  5

147. My daytime sleepiness is worse since my menopause  
1  2  3  4  5

THE FOLLOWING QUESTIONS ARE FOR MEN ONLY:

148. I often have problems getting an erection  
1  2  3  4  5

149. I have trouble maintaining an erection  
1  2  3  4  5

150. I have trouble with ejaculation (either I can't do it at all, or it happens too soon)  
1  2  3  4  5

151. My erections are physically distorted  
1  2  3  4  5

152. I often awaken with an erection during the night or in the morning  
1  2  3  4  5

Key for answers:

1  NEVER (strongly disagree)  
2  RARELY (disagree)  
3  SOMETIMES (not sure)  
4  USUALLY (agree)  
5  ALWAYS (agree strongly)
153. How many hours of sleep do you get at night, not including time spent awake in bed?
   1.) Less than 4 hrs.  
   2.) Four to 5 hrs.  
   3.) Six hrs.  
   4.) Seven hrs.  
   5.) Eight or more

154. How long is your longest wake period at night?
   1.) Less than 5 min.  
   2.) Six to 19 min.  
   3.) 20 to 59 min.  
   4.) One to 2 hrs.  
   5.) More than 2 hrs.

155. 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

156. 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

157. How many car accidents or "near misses" have you had because of excessive sleepiness?
   1.) None  
   2.) One  
   3.) Two  
   4.) Three  
   5.) Four or more

158. How many daytime naps (asleep for 5 minutes or more) do you take on an average working day?
   1.) None  
   2.) One  
   3.) Two  
   4.) Three or four  
   5.) Five or more

159. How many rest periods do you take on an average working day (but do not sleep during them)?
   1.) None  
   2.) One  
   3.) Two or three  
   4.) Four or five  
   5.) Six 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  
   2.) One  
   3.) Two  
   4.) Three  
   5.) Four or more
161. How long do you remain restored (refreshed, alert) after a daytime nap?
   1.) Less than 1 hr.  2.) One to 2 hours  3.) Three hours
   4.) Four or 5 hours  5.) Six hours or more

162. How long do you remain restored after a rest?
   1.) Less than 30 min.  2.) 30-59 minutes  3.) One to 2 hrs.
   4.) Three to 4 hrs.  5.) Five hours or more

163. 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

164. What was your weight six months ago?
   1.) 134 lb. or less  2.) 135-159 lb.  3.) 160-183 lb.
   4.) 184-209 lb.  5.) 210 lb. or more

165. What was your weight at age 20?
   1.) 125 lb. or less  2.) 126-139 lb.  3.) 140-155 lb.
   4.) 156-175 lb.  5.) 176 lb. or more

166. How many cups of regular coffee do you have in a day?
   1.) None  2.) One cup  3.) Two cups
   4.) 3 to 5 cups  5.) Six cups or more

167. How many of the coffees are within 2 hrs. of bedtime?
   1.) None  2.) One cup  3.) Two cups
   4.) 3 to 5 cups  5.) Six cups or more

168. How many glasses/cans of cola drinks do you have in a day (do not include
decaffeinated types)?
   1.) None  2.) One can  3.) Two cans
   4.) 3 to 5 cans  5.) Six cans or more

169. How many of these colas are within 2 hrs. of bedtime?
   1.) None  2.) One can  3.) Two cans
   4.) 3 to 5 cans  5.) Six cans or more
170. How many years were you a smoker?
   1.) None  2.) One year  3.) 2 to 12 years
   4.) 13 to 25 years  5.) 26 years or more

171. How long does it take you to adjust after traveling across time zones (especially 4 or more zones)?
   1.) No time at all  2.) One day  3.) Two days
   4.) Three to 4 days  5.) Five or more days

172. How tall are you?
   1.) 63 in. or less  2.) 64 to 66.5 in.  3.) 67 to 69.5 in.
   4.) 70 to 71 in.  5.) 71.5 inches or taller

173. 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

174. How many years did you go to school? Include years of college and university too.
   1.) 4 yr. or less  2.) 5-11 yr.  3.) 12 yr.
   4.) 13-14 yr.  5.) 15 yr. 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  2.) One only  3.) Two
   4.) Three or 4  5.) Five 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.

=== END ===