

Sleep Health Screening Questionnaire

In the following sections:

Check both boxes if the item experienced more than once a week
Check one box if it was experienced in the past month at all"

1. Do you experience difficulty falling asleep, staying asleep or waking up?
a. Yes b. No
2. Do you experience waking up early morning and cannot get back to sleep?
a. Yes b. No
3. **During the past month in general:**
 - How many hours you actually slept a night (not in bed time)?
a. Less than 6 b. 6-9 hours c. More than 9
 - How many minutes does it take for you to fall asleep?
a. Less than 10 minutes c. More than 30 minutes
b. 10-30 minutes
 - How many times a night you wake up each night?
a. 0-1 b. 2 or more
 - Did you have difficulty staying alert and awake while passenger in a car, eating or engaging social activities?
(like in movie theater or meetings)
a. More than once a week b. Less than once a week
 - Did you take any sleeping aids to help you sleep (prescription or over the counter)?
a. Not at all b. I needed it once or more
4. Do you experience long awakenings (20 minutes or more) in the night (once a week or more)
a. Yes b. No
5. Do you often feel tired or fall asleep during the day?
a. Yes b. No
6. If you work different shifts, is it difficult to switch between different schedules for night/evening or dayshift?
7. How many cups of coffee or soda do you drink in 24 hr?
8. Do you nap during the days? How many a week/ How long?
9. Do you have any other complaint related to your sleep?

10. Do you have/or told to have any of bellow **during sleep**:

- Snoring
- Waking up with a snort
- Choking or gasping for air in sleep
- Having long pauses between two breaths
- Waking up not fully rested
- Walking (past year)
- Talking (past year)
- Moving arms or legs
- Kicking or twitching legs in the bed
- Unpleasant sensations in the legs in evenings or prior to sleep.
- Grinding your teeth
- Confusion or disorientation in or around sleep

11. Did you experience any of these symptoms?

- Losing sex drive or ability to perform in the bed
- Difficulty with short term memory or concentration
- Heartburn in the middle of the night
- Night time chest pain
- Pounding heart/Palpitation in the night
- Sweating in the night
- Feeling anxious
- Feeling depressed
- Being irritable
- Early morning headaches
- Dry mouth or nasal congestion when you wake up
- Changes of performance at work
- Lack of enthusiasm to get things done (some problem/big problem)