



# Sleep Habits

Office Use Only-- MrOS ID#					Acrostic			Staff ID#		

Questions 1 - 9 relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

- ① During the past month, what time have you usually gone to bed at night? **PQPTMBED**  :   A.M.  P.M.
- ② During the past month, how long (in minutes) has it usually taken you to fall asleep each night? **PQPSLPM4**   **PQPSLDUR** **PQPINBED** minutes
- ③ During the past month, when have you usually gotten up in the morning? **PQPTMWAK**  :   A.M.  P.M.
- ④ During the past month, how many hours of actual sleep did you get each night? (This may be different than the number of hours you spent in bed.) **PQPACTSL**   **PQPEFFCY** **PQPEFFIC** hours

For questions 5-9, mark the one best response. Please answer all questions.

⑤ During the past month, how often have you had trouble sleeping because you... **PQPLATEN** **PQDISTUR** **PQDAYDYS** **PQPSQI** **PQBADSLP**

		Not During the Past Month	Less than Once a Week	Once or Twice a Week	Three or More Times a Week
a. Cannot get to sleep within 30 minutes	<b>PQP30M</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
b. Wake up in middle of the night or early morning	<b>PQPWAKE</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
c. Have to get up to use the bathroom	<b>PQP BATH</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
d. Cannot breathe comfortably	<b>PQPBREA</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
e. Cough or snore loudly	<b>PQPSNOR</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
f. Feel too cold	<b>PQPCOLD</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
g. Feel too hot	<b>PQPHOT</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
h. Have bad dreams	<b>PQP BAD</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
i. Have pain	<b>PQPPAIN</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
j. Have leg jerks or leg cramps	<b>SLJERK</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
k. Have heartburn	<b>SLHBURN</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
l. Other reasons Describe: _____	<b>PQPOTH</b>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3





# Sleep Habits

Office Use Only-- MrOS ID#	<input type="radio"/> MISSING Acrostic
<input type="text"/>	<input type="text"/>

For questions 6 - 9, mark the one best response. Please answer all questions.

- |                                                                                                                                    | Not During<br>the Past<br>Month                                                                                                                                          | Less than<br>Once a<br>Week | Once or<br>Twice a<br>Week | Three or<br>More Times<br>a Week |                 |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|----------------------------------|-----------------|
| 6 During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?                   | <input type="radio"/> 0                                                                                                                                                  | <input type="radio"/> 1     | <input type="radio"/> 2    | <input type="radio"/> 3          | <b>PQPSLMED</b> |
| 7 During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? | <input type="radio"/> 0                                                                                                                                                  | <input type="radio"/> 1     | <input type="radio"/> 2    | <input type="radio"/> 3          | <b>PQPTRBSA</b> |
| 8 During the past month, how would you rate your sleep quality overall?                                                            | <input type="radio"/> Very good <input type="radio"/> Fairly good <input type="radio"/> Fairly bad <input type="radio"/> Very bad                                        |                             |                            |                                  | <b>PQPSQUAL</b> |
| 9 During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?                | <input type="radio"/> No problem at all <input type="radio"/> Only a slight problem <input type="radio"/> Somewhat of a problem <input type="radio"/> A very big problem |                             |                            |                                  | <b>PQPENTH</b>  |
| 10 Do you have a bed partner or roommate?                                                                                          | <input type="radio"/> Yes                                                                                                                                                |                             | <input type="radio"/> No   |                                  | <b>PQBEDPAR</b> |

Please describe your bed partner or roommate: **PQBPTYPE**

1 Partner or Roommate in SAME bed  
 2 Partner in SAME room but NOT SAME bed  
 3 Partner or Roommate in OTHER room

Please ask your bed partner or roommate how often in the past month you have had...	Not During the Past Month	Less than Once a Week	Once or Twice a Week	Three or More Times a Week	
a. Loud snoring	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<b>PQBPLOUD</b>
b. Long pauses between breaths while asleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<b>PQBPPAUS</b>
c. Legs twitching or jerking while you sleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<b>PQBPLEGS</b>
d. Episodes of disorientation or confusion during sleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<b>PQBPCONF</b>
e. Other restlessness while you sleep: Please describe: _____	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<b>PQBPOTH</b>

