



Sleep Habits

Office Use Only--
MrOS ID#

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Acrostic

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MISSING
Staff ID#

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Questions 1 - 5 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. PQPTMBED

- ① During the past month, what time have you usually gone to bed at night? [] [] : [] [] A.M. P.M. PQPSLDUR
- ② During the past month, how long (in minutes) has it usually taken you to fall asleep each night? PQPINBED minutes PQPSLPM [] [] PQPSLPM4
- ③ During the past month, when have you usually gotten up in the morning? [] [] : [] [] A.M. P.M. PQPTMWAK
- 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 [] [] hours PQPEFFCY PQPEFFIC

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 PQDAYDYS	PQDISTUR 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 PQP30M				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wake up in middle of the night or early morning PQPWAKE				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have to get up to use the bathroom PQP BATH				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cannot breathe comfortably PQP BREA				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cough or snore loudly PQP SNOR				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feel too cold PQP COLD				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feel too hot PQP HOT				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have bad dreams PQP BAD				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have pain PQP PAIN				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have leg jerks or leg cramps SLJERK				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Have heartburn SLHBURN				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other reasons Describe: PQPOTH				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Draft





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

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

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 <i>PQB PLOUD</i>	0 ○	1 ○	2 ○	3 ○
b. Long pauses between breaths while asleep <i>PQB PPAUS</i>	0 ○	1 ○	2 ○	3 ○
c. Legs twitching or jerking while you sleep <i>PQB PLEGS</i>	0 ○	1 ○	2 ○	3 ○
d. Episodes of disorientation or confusion during sleep <i>PQB PCONF</i>	0 ○	1 ○	2 ○	3 ○
e. Other restlessness while you sleep: Please describe: <i>PQB POTH</i>	0 ○	1 ○	2 ○	3 ○

