

The following questions are intended to help your treating therapist assess their sleep disorder. Please answer the questions by ticking the appropriate answer below. Only one cross per question or statement may be made. The questions relate to the past four weeks.



Name

First Name

Birthday



My usual bed times are from at night until o'clock the next day.

How many minutes do you usually need to fall asleep?

1-20 Min.	20-40 Min.	40-60 Min.	60-90 Min.	More than 90 Min.
0	1	2	3	4

How many hours do you think you sleep on average at night?

7 and more	5-6	4	2-3	0-1
0	1	2	3	4

	always	mostly	sometimes	rare	never
I can't sleep through the night	0	1	2	3	4
I wake up too early	0	1	2	3	4
I wake up with slight sounds	0	1	2	3	4
I feel like I haven't closed my eyes all night	0	1	2	3	4
I think a lot about my sleep	0	1	2	3	4
I am afraid to go to bed because I fear that I will not be able to sleep	0	1	2	3	4
I feel fully capable	4	3	2	1	0
I take sleeping pills to fall asleep	0	1	2	3	4

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