

The following questions relate to your usual sleeping habits and only during the last 4 weeks! Your answer should be as specific as possible. Please answer all questions.

Name First Name Age.....
 Body size: cm Body weight: Kg Gender: female male
 Employment: student Worker independent activity Employee unemployed housewife / -man

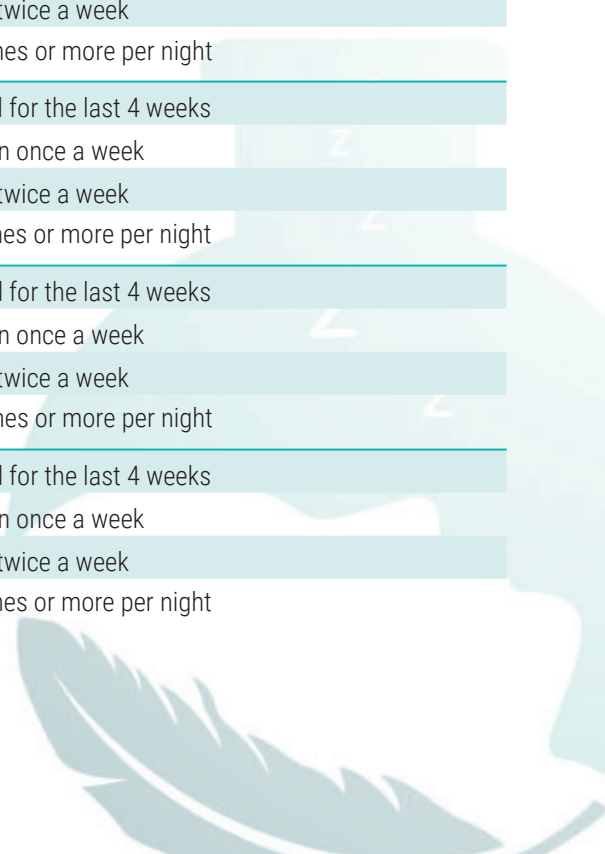


1. When are you during the last 4 weeks usually went to bed in the evening?	usual time:
2. How long has it been in the last 4 weeks usually took you to fall asleep?	in minutes:
3. When are you during the last 4 weeks usually got up in the morning?	usual time:
4. How many hours do you have during slept a night for the past four weeks?	effective sleep time (hours) per night:

Please tick the answer that applies to you for each of the following questions.

5. How often have you slept badly in the last 4 weeks ...

a) ... because you didn't do it within the first 30 minutes could fall asleep:	<input type="checkbox"/> Not at all for the last 4 weeks <input type="checkbox"/> Less than once a week <input type="checkbox"/> Once or twice a week <input type="checkbox"/> three times or more per night
b) ... because you are in the middle of the night or early in the morning have woken up:	<input type="checkbox"/> Not at all for the last 4 weeks <input type="checkbox"/> Less than once a week <input type="checkbox"/> Once or twice a week <input type="checkbox"/> three times or more per night
c) ... because you had to get up to go to the toilet:	<input type="checkbox"/> Not at all for the last 4 weeks <input type="checkbox"/> Less than once a week <input type="checkbox"/> Once or twice a week <input type="checkbox"/> three times or more per night
d) ... because you had difficulty breathing:	<input type="checkbox"/> Not at all for the last 4 weeks <input type="checkbox"/> Less than once a week <input type="checkbox"/> Once or twice a week <input type="checkbox"/> three times or more per night



5. How often have you slept badly in the last 4 weeks ...

<p>e) ... because you had to cough or loudly have snored:</p>	<p><input type="checkbox"/> Not at all for the last 4 weeks</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once or twice a week</p> <p><input type="checkbox"/> three times or more per night</p>
<p>f) ... because you felt too warm:</p>	<p><input type="checkbox"/> Not at all for the last 4 weeks</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once or twice a week</p> <p><input type="checkbox"/> three times or more per night</p>
<p>g) ... because you were too cold:</p>	<p><input type="checkbox"/> Not at all for the last 4 weeks</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once or twice a week</p> <p><input type="checkbox"/> three times or more per night</p>
<p>h) ... because you had a bad dream:</p>	<p><input type="checkbox"/> Not at all for the last 4 weeks</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once or twice a week</p> <p><input type="checkbox"/> three times or more per night</p>
<p>i) ... because you were in pain:</p>	<p><input type="checkbox"/> Not at all for the last 4 weeks</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once or twice a week</p> <p><input type="checkbox"/> three times or more per night</p>
<p>j) ... for other reasons: </p>	<p>How many times have you had poor sleep for these reasons?</p> <p><input type="checkbox"/> Not at all for the last 4 weeks</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once or twice a week</p> <p><input type="checkbox"/> three times or more per night</p>
<p>6. How would you rate the overall quality of your sleep over the past 4 weeks?</p>	<p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Pretty good</p> <p><input type="checkbox"/> Pretty bad</p> <p><input type="checkbox"/> Very bad</p>
<p>7. How often have you been taken sleeping pills during the past 4 weeks?</p>	<p><input type="checkbox"/> Not at all for the last 4 weeks</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once or twice a week</p> <p><input type="checkbox"/> three times or more per night</p>
<p>8. How often have you had difficulty staying awake in the last 4 weeks, for example while driving, eating or at social events?</p>	<p><input type="checkbox"/> Not at all for the last 4 weeks</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once or twice a week</p> <p><input type="checkbox"/> three times or more per night</p>

9. During the past 4 weeks, have you had problems doing normal, everyday tasks with enough momentum?

- No problems
- Hardly any problems
- Some problems
- Heavy problems

10. Do you sleep alone in your room?

- Yes
- Yes, but a partner / roommate is sleeping in another room
- No, the partner sleeps in the same room but not in the same bed
- No, the partner sleeps in the same bed

If you have a **roommate / partner**, please ask whether and **how often he / she** has noticed the following.

a) Loud snoring

- Not at all for the last 4 weeks
- Less than once a week
- Once or twice a week
- three times or more per night

b) Long pauses in breathing during sleep

- Not at all for the last 4 weeks
- Less than once a week
- Once or twice a week
- three times or more per night

c) twitching or jerking of the legs during sleep

- Not at all for the last 4 weeks
- Less than once a week
- Once or twice a week
- three times or more per night

d) Nocturnal phases of confusion or disorientation during sleep?

- Not at all for the last 4 weeks
- Less than once a week
- Once or twice a week
- three times or more per night

e) Other forms of restlessness during sleep

Type and frequency.....

.....

.....

.....

.....

.....

.....

.....

Dr. med.
Osama Abu Hassan

Sleep laboratory Wiesbaden
Luisenstraße 18
65185 Wiesbaden

☎ 0611 / 900 66 414
 📞 0611 / 900 66 416
 ✉ info@schlaflabor-wiesbaden.com
 🌐 www.schlaflabor-wiesbaden.com

