

SDS-CL-25 (V1)

Date: _____ ID# _____	0	1	2	3	4
Age: _____ Sex: _____ Height _____ Weight _____					
Work Shift: _____ First (9-5) _____ Second (4pm to midnight)					
_____ Third (midnight to 8am) _____ PTE (less than 3 days /week)					
_____ Retired (don't work) _____ Work at Home					
Do you regularly have a bed partner? (3 or more days/week) _____ (Yes/No)					
Answer all questions for what has been typical for you for the last 3 months.	NEVER	ONCE A MONTH	1-3 TIMES A WEEK	3-5 TIMES / WEEK	>5 TIMES / WEEK
1. My work or other activities prevent me from getting at least 7hrs of sleep					
2. My bedtime or waketime varies by more than 3 hours					
3. It takes me 30 minutes or more to fall asleep					
4. I am awake for 30 minutes or more during the night					
5. I wake up 30 or more minutes before I have to and can't fall back asleep					
6. I am tired, fatigued, or sleepy during the day					
7. I sleep better if I go to bed before 9pm and wakeup up before 430am					
8. I sleep better if I go to bed late (after 1am) and wakeup late (after 9am)					
9. I am prone to fall asleep at inappropriate times or places					
10. I snore					
11. I wake up with a dry mouth in the morning (cotton mouth)					
12. My snoring is so loud, that my bed partner complains					
13. I have been told that that I stop breathing in my sleep					
14. I wake up choking or gasping for air					
15. I feel uncomfortable sensations in my legs, especially when sitting or lying down, that are relieved by moving them					
16. I have an urge to move my legs that is worse in the evenings and nights					
17. I wake up frequently during the night for no reason					
18. When angered, humored, frightened, I experience sudden muscle weakness					
19. When falling asleep or waking up, I experience scary dream like images					
20. When I am first awakening, I feel like I can't move					
21. I have nightmares					
22. For no reason, I awaken suddenly, startled, and feeling afraid					
23. I have been told that I walk, talk, eat, act strangely or violently when I sleep					
24. I grind my teeth or clench your jaw during your sleep					
25. My sleep difficulties interfere with my daily activities					