

## Sleep Self-Assessment Questionnaire

Source: [Toward Optimized Practice](#)

This questionnaire is a screening tool to assist clinical evaluation of insomnia and it can be used to screen for a sleeping disorder. See page 2 for guide to interpreting the questionnaire.

If you suspect you may be suffering from a sleeping disorder, please seek medical assistance. A physician should perform a more detailed clinical evaluation and/or refer you to a specialist when appropriate.

Grade your answer by circling one number for each of the following questions		Grading Scale				
		Never	Rarely	Occasionally	Most Nights/Days	Always
1.	Do you have trouble falling asleep?	1	2	3	4	5
2.	Do you have trouble staying asleep?	1	2	3	4	5
3.	Do you take anything to help you sleep?	1	2	3	4	5
4.	Do you use alcohol to help you sleep?	1	2	3	4	5
5.	Do you have any medical conditions that disrupt your sleep?	1	2	3	4	5
6.	Have you lost interest in hobbies or activities?	1	2	3	4	5
7.	Do you feel sad, irritable, or hopeless?	1	2	3	4	5
8.	Do you feel nervous or worried?	1	2	3	4	5
9.	Do you think something is wrong with your body?	1	2	3	4	5
10.	Are you a shift worker or is your sleep schedule irregular?	1	2	3	4	5
11.	Are your legs restless and/or uncomfortable before bed?	1	2	3	4	5
12.	Have you been told that you are restless or that you kick your legs in your sleep?	1	2	3	4	5
13.	Do you have any unusual behaviours or movements during sleep?	1	2	3	4	5
14.	Do you Snore?	1	2	3	4	5

15.	Has anyone said that you stop breathing, gasp, snort, or choke in your sleep?	1	2	3	4	5
16.	Do you have difficulty staying awake during the day?	1	2	3	4	5

## Guide to Interpreting the Sleep Disorder Questionnaire

### Diagnostic Domains:

1. Insomnia: Questions 1-5
2. Psychiatric Disorders: Questions 6-9
3. Circadian Rhythm Disorder: Question 10
4. Movement Disorders: Questions 11-12
5. Parasomnias: Question 13

### General Guidelines for Interpreting the Grading Scale

- 1) Grading of 3, 4 or 5 on any question, the person likely suffers from insomnia. If you answer 3, 4 or 5 for two or more items and have significant daytime impairment, the insomnia requires further evaluation.
- 2) Grading of 4 or 5 on questions 6-9 requires further screening for psychiatric disorders. Question 8 refers to somatization and may reflect an underlying somatoform disorder which requires specific treatment.
- 3) Grading 4 or 5 on question 10 may be circadian rhythm disorder. Further questioning about shift work or a preference for a delayed sleep phase should be done.
- 4) Grading 4 or 5 on question 11 or 12 is significant and likely contributing to the symptoms of insomnia or non-restorative sleep. Question 11 refers to restless legs syndrome and question 12 refers to periodic limb movement disorder.
- 5) Grading 2-5 on question 14 should raise concern especially if the event or movement is violent or potentially injurious to you or bed partner.
- 6) Grading 4 or 5 on question 14 or 15 alone require further clinical evaluation for sleep apnea. Grading above 3 on questions 14 and 15 or 14 and 16 is also suspicious for sleep apnea and further evaluation should be done.