



Outpatient Center • Redwood City

THE EPWORTH SLEEPINESS SCALE

Name: _____

Your age (Years): _____

Your sex (Please circle): M F

Date: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

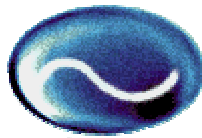
- 0 = Would *never* doze
 1 = *Slight* chance of dozing
 2 = *Moderate* chance of dozing
 3 = *High* chance of dozing

Situation	Chance of Dozing
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (i.e. a theater or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when the circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

Thank you for your cooperation

Patient Name	Your weight
Date of Birth	Your height
Today's Date	Doctor's Name / Clinic Number

SDQ



Sleep Disorders Questionnaire ©

version 2.03

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created by

Alan Douglass MD¹, Robert Bornstein PhD², German Nino-Murcia MD.³

Derived from a pool of questions (Sleep Questionnaire and Assessment of Wakefulness, "SQAW") created at Stanford University Sleep Disorders Center by Drs. Laughton Miles, Christian Guilleminault, Vincent P. Zarcone Jr., and William C. Dement. The SQAW was copyrighted by Dr. Miles, 1979, and is used here by permission. The SDQ © is copyrighted by the seven above-named persons, and distributed exclusively by SleepLab Software Ltd..

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 Email: info@sleeplabsoftware.com

¹Dept. of Psychiatry, Royal Ottawa Hospital, University of Ottawa, 1145 Carling, Ottawa, ON, K1Z 7K4, Canada

²Department of Psychiatry, Ohio State University, Columbus, OH

³Sleep Medicine and Neuroscience Institute, Palo Alto, CA (deceased)

Instructions:

This questionnaire will give your doctor a good understanding about your problems with sleeping and waking. It is very important to answer every question, because some disorders show up as a pattern of answers to different questions.

In answering the questions, consider each question as applying to the **past six months** of your life, unless you have been told differently by the person who gave you this booklet.

Some people work night shift, or rotating shifts. Others have a very changeable bedtime. For these people, questions which ask about "day, daytime, morning, etc." will mean the time when they wake from their longest sleep of the day and become active. Similarly, "night, nighttime, bedtime, nocturnal" would refer to whenever they are having their longest sleep of the day.

Most of the questions are simple statements. You answer by circling a number from 1 to 5. If you strongly disagree with the statement, or if it never happens to you, answer "1". If the statement is always true in your case, or you agree strongly with it, answer "5". You may also choose "2 rarely", "3 sometimes", or "4 usually" as your answer. Notice that an "answer key" appears at the bottom of each page to remind you what is meant by the numbers. Please answer all of the questions.

Here is an example of how to fill out a question:

1. How often does it snow in Florida in July?

1 2 3 4 5

IF YOU ARE CERTAIN THAT A QUESTION DOES NOT APPLY TO YOU, LEAVE IT BLANK. But . . . try to answer every question if at all possible. This is important. Notice that answer "1" can mean that the things asked in the question **never** happen to you.

If you are using the computerized answer sheet, blacken the space which corresponds to your answer, "1 to 5", instead of circling the answer in this booklet.

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

1. I get too little sleep at night 1 2 3 4 5
2. I often have a poor night's sleep 1 2 3 4 5
3. I have trouble getting to sleep at night 1 2 3 4 5
4. I wake up often during the night 1 2 3 4 5
5. My bedtime varies a lot 1 2 3 4 5
6. At bedtime, thoughts race through my mind 1 2 3 4 5
7. At bedtime, I feel sad and depressed 1 2 3 4 5
8. At bedtime, I worry about things 1 2 3 4 5
9. At bedtime, I feel muscular tension 1 2 3 4 5
10. At bedtime, I'm afraid of not being able to go to sleep 1 2 3 4 5
11. When falling asleep, I feel paralyzed (unable to move) 1 2 3 4 5
12. When falling asleep, I have "restless legs" (a feeling of crawling, aching, or inability to keep legs still) 1 2 3 4 5
13. After waking at night, I fear I will not be able to get back to sleep 1 2 3 4 5
14. My night sleep is restless and disturbed 1 2 3 4 5
15. At night, my sleep disturbs my bed partner's sleep 1 2 3 4 5
16. My night sleep is disturbed by light 1 2 3 4 5
17. My night sleep is disturbed by noise 1 2 3 4 5
18. My sleep is disturbed by severe heartburn and choking ("regurgitation", bringing up bitter stomach fluid) 1 2 3 4 5
19. I often wake up because I am hungry 1 2 3 4 5
20. I snore in my sleep 1 2 3 4 5
21. I am told I snore loudly and bother others 1 2 3 4 5
22. I am told I stop breathing ("hold my breath") in sleep 1 2 3 4 5
23. I awake suddenly gasping for breath, unable to breathe 1 2 3 4 5

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

- | | | | | | |
|---|---|---|---|---|---|
| 24. At night my heart pounds, beats rapidly, or beats irregularly ("palpitations") | 1 | 2 | 3 | 4 | 5 |
| 25. I sweat a great deal at night | 1 | 2 | 3 | 4 | 5 |
| 26. I walk in my sleep | 1 | 2 | 3 | 4 | 5 |
| 27. I grind my teeth while I sleep | 1 | 2 | 3 | 4 | 5 |
| 28. I wake from sleep screaming, confused, and at times violent ("night terrors") | 1 | 2 | 3 | 4 | 5 |
| 29. My sleep is disturbed because of pain in the neck, back, muscles, joints, legs or arms | 1 | 2 | 3 | 4 | 5 |
| 30. My sleep is disturbed by chest pain (not angina) | 1 | 2 | 3 | 4 | 5 |
| 31. My sleep is disturbed by "restless legs" (a feeling of crawling, aching, inability to keep legs still) | 1 | 2 | 3 | 4 | 5 |
| 32. My sleep is disturbed by thoughts racing through my mind | 1 | 2 | 3 | 4 | 5 |
| 33. My sleep is disturbed by sadness or depression | 1 | 2 | 3 | 4 | 5 |
| 34. My sleep is disturbed by worrying about things | 1 | 2 | 3 | 4 | 5 |
| 35. My sleep is disturbed by muscular tension | 1 | 2 | 3 | 4 | 5 |
| 36. My sleep is disturbed by fears that I might not be able to get back to sleep if I should wake up | 1 | 2 | 3 | 4 | 5 |
| 37. I often have a night full of intense vivid dreams | 1 | 2 | 3 | 4 | 5 |
| 38. I have a lot of nightmares (frightening dreams) | 1 | 2 | 3 | 4 | 5 |
| 39. I feel unable to move (paralyzed) after a nap | 1 | 2 | 3 | 4 | 5 |
| 40. I have dream-like images (hallucinations) when I awaken in the morning even though I know I am not asleep | 1 | 2 | 3 | 4 | 5 |
| 41. I am sometimes very sleepy in the daytime, and this seems to go in cycles at regular intervals | 1 | 2 | 3 | 4 | 5 |
| 42. I have slept for several days at a time, or at least I have been overwhelmingly sleepy for that long | 1 | 2 | 3 | 4 | 5 |
| 43. I have been unable to sleep <u>at all</u> for several days | 1 | 2 | 3 | 4 | 5 |
| 44. I feel that my sleep is abnormal | 1 | 2 | 3 | 4 | 5 |

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

45. I feel that I have insomnia 1 2 3 4 5
46. As a child, I had difficulty waking up in the morning 1 2 3 4 5
47. As a child, I had sleepiness during the day 1 2 3 4 5
48. I have a problem because of headaches while sleeping 1 2 3 4 5
49. As a child, I was fatigued during the day 1 2 3 4 5
50. As a child, I rocked myself to get to sleep 1 2 3 4 5
51. I used to bang my head as a child 1 2 3 4 5
52. I used to sleepwalk in childhood 1 2 3 4 5
53. As a child, I had convulsions (seizures) during sleep 1 2 3 4 5
54. As a child, I would grind my teeth while asleep 1 2 3 4 5
55. Now, I am very sleepy during the day and I struggle to stay awake 1 2 3 4 5
56. In the past 6 months, I have fallen asleep accidentally in some of these situations: eating a meal, talking on the phone, talking to someone, riding in a bus or car, watching TV, at a theater, reading a book, at a lecture. 1 2 3 4 5
57. I got bad grades in school because I was too sleepy 1 2 3 4 5
58. I now have trouble doing my job because of sleepiness or fatigue 1 2 3 4 5
59. I often have to let someone else drive the car because I am too sleepy to do it 1 2 3 4 5
60. I see vivid dream-like images (hallucinations) either just before or just after a daytime nap, yet I am sure I am awake when they happen 1 2 3 4 5
61. I have vivid dreams during my daytime naps 1 2 3 4 5
62. I am often unable to move (paralyzed) when I am waking up in the morning 1 2 3 4 5
63. Sometimes I realize I have driven my car to the wrong place, and I can't remember how I did it 1 2 3 4 5
64. I find myself doing things which make no sense, such as writing nonsense instead of notes, or mixing together chocolate and gravy 1 2 3 4 5
65. People tell me that I act strangely at times, and yet I was not aware of it when it happened 1 2 3 4 5

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

- | | |
|---|-----------|
| 66. I get "weak knees" when I laugh | 1 2 3 4 5 |
| 67. I get sudden muscular weakness (or even a brief period of paralysis, being unable to move) when laughing, angry, or in situations of strong emotion | 1 2 3 4 5 |
| 68. I am excessively sleepy during the daytime | 1 2 3 4 5 |
| 69. I have at some time had trouble with my bladder | 1 2 3 4 5 |
| 70. I have had problems with tonsils or adenoids | 1 2 3 4 5 |
| 71. I have high blood pressure (or once had it) | 1 2 3 4 5 |
| 72. My tonsils and/or adenoids have been removed | 1 2 3 4 5 |
| 73. I get pains in my abdomen (stomach) | 1 2 3 4 5 |
| 74. I have had a head injury | 1 2 3 4 5 |
| 75. I have been knocked unconscious (knocked out) | 1 2 3 4 5 |
| 76. I suffer from dizzy spells | 1 2 3 4 5 |
| 77. I have seizures ("fits", convulsions, epilepsy) | 1 2 3 4 5 |
| 78. I have problems with clumsiness, incoordination | 1 2 3 4 5 |
| 79. I feel that I have a sexual problem | 1 2 3 4 5 |
| 80. My desire or interest in sex is less than it used to be | 1 2 3 4 5 |
| 81. I have pain or discomfort during sexual intercourse | 1 2 3 4 5 |
| 82. I sleep better after having sex | 1 2 3 4 5 |
| 83. I am unhappy about my social life | 1 2 3 4 5 |
| 84. I am unhappy about loving relationships in my life | 1 2 3 4 5 |
| 85. I am unhappy about my sex life | 1 2 3 4 5 |
| 86. I am dissatisfied with my job | 1 2 3 4 5 |
| 87. I have a problem with my sleep | 1 2 3 4 5 |
| 88. I wake up in the morning with a headache | 1 2 3 4 5 |
| 89. I have considered or attempted suicide | 1 2 3 4 5 |

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

90. I feel I am useful and needed 1 2 3 4 5
91. I am sleeping more than I used to 1 2 3 4 5
92. Someone in my immediate family has trouble with insomnia (brother/sister, father/mother, son/daughter, grandparent) 1 2 3 4 5
93. Someone in my immediate family is very sleepy during the day 1 2 3 4 5
94. Someone in my immediate family has psychiatric or emotional illness (e.g.: depression, alcoholism) 1 2 3 4 5
95. Some of my other relatives have trouble with insomnia (uncles, aunts, cousins) 1 2 3 4 5
96. Some of my other relatives are very sleepy during the day 1 2 3 4 5
97. Some of my other relatives have psychiatric illness 1 2 3 4 5
98. Some family member has died suddenly in their sleep 1 2 3 4 5
99. Some family member has "restless legs" while sleeping (a feeling of crawling, aching, inability to keep the legs still) 1 2 3 4 5
100. A child in my family died from "crib death" (sudden infant death syndrome, SIDS) 1 2 3 4 5
101. Someone in my family has been hospitalized for a psychiatric illness or "nervous breakdown". 1 2 3 4 5
102. People in my family seem to be worriers 1 2 3 4 5
103. Someone in my family has diabetes 1 2 3 4 5
104. Someone in my family has had a stroke ("apoplexy") 1 2 3 4 5
105. I often use alcohol in order to get to sleep 1 2 3 4 5
106. I use alcohol to steady my nerves 1 2 3 4 5
107. While drinking alcohol, I have carried out actions without being aware of them, and not remembered them the next day 1 2 3 4 5
108. I smoke tobacco within two hours of bedtime 1 2 3 4 5
109. I have used "street drugs" (marijuana, "uppers", "downers", narcotics, hallucinogens, cocaine) 1 2 3 4 5
110. I have used tobacco to help me go to sleep 1 2 3 4 5

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

111. I have used marijuana to help me go to sleep 1 2 3 4 5
112. I currently take a non-prescription drug from the pharmacy in order to help me sleep 1 2 3 4 5
113. I currently take a non-prescription drug to stop me being so sleepy and fatigued in the daytime 1 2 3 4 5
114. I take a prescription drug which the doctor gave me mainly to help me sleep (sleeping pills, anti-depressants, tranquilizers) 1 2 3 4 5
115. I take a prescription drug which the doctor gave me mainly to keep me awake during the day (e.g.: ritalin) 1 2 3 4 5
116. I take some drugs at night for my other illnesses, not related to sleep, yet I find they help me sleep 1 2 3 4 5
117. I have taken drugs for my heart 1 2 3 4 5
118. I use relaxation techniques or mental imagery (e.g.: counting sheep) to help me sleep 1 2 3 4 5
119. I use non-drug therapies in order to get to sleep (e.g.: biofeedback, acupuncture, electrosleep) 1 2 3 4 5
120. I exercise regularly 1 2 3 4 5
121. I was born as part of a multiple birth (twins, or triplets, etc. Includes cases where the others died at birth or afterwards) 1 2 3 4 5
122. My family was emotionally close in my childhood 1 2 3 4 5
123. I got along well with my parents while growing up 1 2 3 4 5
124. I am currently unemployed 1 2 3 4 5
125. I am working at a job with rotating shifts 1 2 3 4 5
126. I have had a job where I worked at unusual times 1 2 3 4 5
127. I am presently living in a house 1 2 3 4 5
128. I get along well with my husband / wife / friend, who is currently living with me 1 2 3 4 5
129. Coffee, tea, or cola drinks seem to worsen my sleep 1 2 3 4 5
130. Mental stress, worry, or anxiety worsens my sleep 1 2 3 4 5

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

- | | |
|--|-----------|
| 131. Physical exercise helps my sleep | 1 2 3 4 5 |
| 132. A daytime nap worsens my nighttime sleep | 1 2 3 4 5 |
| 133. Mental stress, worry, or anxiety makes me feel sleepy during the day | 1 2 3 4 5 |
| 134. After a nap, I feel less sleepy in the daytime | 1 2 3 4 5 |
| 135. Hot weather makes me sleepy during the day | 1 2 3 4 5 |
| 136. When doing shift work, I am sleepy during the day | 1 2 3 4 5 |
| 137. I have a small jaw, or other abnormality of the bones in my head or neck | 1 2 3 4 5 |
| 138. I have a chronic chest disease (bronchitis, asthma, emphysema) | 1 2 3 4 5 |
| 139. I have a problem with my nose blocking up when I am trying to sleep
(allergies, infections) | 1 2 3 4 5 |
| 140. I wake up with "attacks" which are different from those described
anywhere else in this questionnaire | 1 2 3 4 5 |
| 141. My snoring or my breathing problem is much worse if I sleep on my back | 1 2 3 4 5 |
| 142. My snoring or my breathing problem is much worse if I fall asleep
right after drinking alcohol | 1 2 3 4 5 |
| 143. My snoring or my breathing problem is much worse when I have an allergy
or infection in the nose, throat, or chest | 1 2 3 4 5 |

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY:

144. I have gone through the menopause ("change of life") 1 2 3 4 5
145. My sleep at night is affected by my menstrual cycle 1 2 3 4 5
146. My daytime sleepiness worsens with pregnancy 1 2 3 4 5
147. My daytime sleepiness is worse since my menopause 1 2 3 4 5

THE FOLLOWING QUESTIONS ARE FOR MEN ONLY:

148. I often have problems getting an erection 1 2 3 4 5
149. I have trouble maintaining an erection 1 2 3 4 5
150. I have trouble with ejaculation (either I can't do it at all, or it happens too soon) 1 2 3 4 5
151. My erections are physically distorted 1 2 3 4 5
152. I often awaken with an erection during the night or in the morning 1 2 3 4 5

***** Key for answers *****

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(strongly disagree)	(disagree)	(not sure)	(agree)	(agree strongly)

IN THE NEXT SECTION, PLEASE CIRCLE THE ITEM (NUMBERED 1-5) WHICH BEST MATCHES YOUR ANSWER.

153. How many hours of sleep do you get at night, not including time spent awake in bed?

- 1.) Less than 4 hrs. 2.) Four to 5 hrs. 3.) Six hrs.
4.) Seven hrs. 5.) Eight or more

154. How long is your longest wake period at night?

- 1.) Less than 5 min. 2.) Six to 19 min. 3.) 20 to 59 min.
4.) One to 2 hrs. 5.) More than 2 hrs.

155. How many times in a night do you get up to urinate?

- 1.) None. 2.) One time 3.) Two times
4.) Three times 5.) Four or more times

156. How many work accidents have you had as a result of sleepiness or fatigue?

- 1.) None 2.) One 3.) Two
4.) Three 5.) Four or more

157. How many car accidents or "near misses" have you had because of excessive sleepiness?

- 1.) None 2.) One 3.) Two
4.) Three 5.) Four or more

158. How many daytime naps (asleep for 5 minutes or more) do you take on an average working day?

- 1.) None 2.) One 3.) Two
4.) Three or four 5.) Five or more

159. How many rest periods do you take on an average working day (but do not sleep during them)?

- 1.) None 2.) One 3.) Two or three
4.) Four or five 5.) Six or more

160. How many times, in an average working day, do you try to nap but find that you can't fall asleep?

- 1.) None 2.) One 3.) Two
4.) Three 5.) Four or more

161. How long do you remain restored (refreshed, alert) after a daytime nap?

- | | | |
|---------------------|-----------------------|-----------------|
| 1.) Less than 1 hr. | 2.) One to 2 hours | 3.) Three hours |
| 4.) Four or 5 hours | 5.) Six hours or more | |

162. How long do you remain restored after a rest?

- | | | |
|-----------------------|------------------------|-------------------|
| 1.) Less than 30 min. | 2.) 30-59 minutes | 3.) One to 2 hrs. |
| 4.) Three to 4 hrs. | 5.) Five hours or more | |

163. What is your current weight (in lb.)?

- | | | |
|---------------------|---------------------|-----------------|
| 1.) 134 lb. or less | 2.) 135-159 lb. | 3.) 160-183 lb. |
| 4.) 184-209 lb. | 5.) 210 lb. or more | |

164. What was your weight six months ago?

- | | | |
|---------------------|---------------------|-----------------|
| 1.) 134 lb. or less | 2.) 135-159 lb. | 3.) 160-183 lb. |
| 4.) 184-209 lb. | 5.) 210 lb. or more | |

165. What was your weight at age 20?

- | | | |
|---------------------|---------------------|-----------------|
| 1.) 125 lb. or less | 2.) 126-139 lb. | 3.) 140-155 lb. |
| 4.) 156-175 lb. | 5.) 176 lb. or more | |

166. How many cups of regular coffee do you have in a day?

- | | | |
|-----------------|----------------------|--------------|
| 1.) None | 2.) One cup | 3.) Two cups |
| 4.) 3 to 5 cups | 5.) Six cups or more | |

167. How many of the coffees are within 2 hrs. of bedtime?

- | | | |
|-----------------|----------------------|--------------|
| 1.) None | 2.) One cup | 3.) Two cups |
| 4.) 3 to 5 cups | 5.) Six cups or more | |

168. How many glasses/cans of cola drinks do you have in a day (do not include decaffeinated types)?

- | | | |
|-----------------|----------------------|--------------|
| 1.) None | 2.) One can | 3.) Two cans |
| 4.) 3 to 5 cans | 5.) Six cans or more | |

169. How many of these colas are within 2 hrs. of bedtime?

- | | | |
|-----------------|----------------------|--------------|
| 1.) None | 2.) One can | 3.) Two cans |
| 4.) 3 to 5 cans | 5.) Six cans or more | |

170. How many years were you a smoker?

- | | | |
|--------------------|----------------------|-------------------|
| 1.) None | 2.) One year | 3.) 2 to 12 years |
| 4.) 13 to 25 years | 5.) 26 years or more | |

171. How long does it take you to adjust after traveling across time zones (especially 4 or more zones)?

- | | | |
|---------------------|-----------------------|--------------|
| 1.) No time at all | 2.) One day | 3.) Two days |
| 4.) Three to 4 days | 5.) Five or more days | |

172. How tall are you?

- | | | |
|--------------------|---------------------------|--------------------|
| 1.) 63 in. or less | 2.) 64 to 66.5 in. | 3.) 67 to 69.5 in. |
| 4.) 70 to 71 in. | 5.) 71.5 inches or taller | |

173. How old are you now?

- | | | |
|-----------------|---------------------|---------------|
| 1.) 25 or under | 2.) 26-35 yr. | 3.) 36-44 yr. |
| 4.) 45-50 yr. | 5.) 51 yr. or older | |

174. How many years did you go to school? Include years of college and university too.

- | | | |
|-------------------|--------------------|------------|
| 1.) 4 yr. or less | 2.) 5-11 yr. | 3.) 12 yr. |
| 4.) 13-14 yr. | 5.) 15 yr. or more | |

175. Before this visit, how many "therapists" (doctor, psychiatrist, psychologist, nurse, counselor, osteopath, chiropractor) have you ever seen about a problem of sleeping too much or too little?

- | | | |
|----------------|------------------|---------|
| 1.) None | 2.) One only | 3.) Two |
| 4.) Three or 4 | 5.) Five or more | |

If you are using the computerized answer sheet, please check that you put your name, sex, and birthdate on that sheet. Also, please remember to fill in the circles under these items. Thank you.

=== **END** ===