

## Sleep and sleeping habits

Dave	
Day:	
SLEE	P AND LIFESTYLE:
1.	How much sleep do you think you get, on avarage, per night?  Weekdays: Hrs min. / Weekends: Hrs min.
2.	How much sleep do you think you need per night?  Weekdays: min. / Weekends: Hrs min.
3.	Do you feel that you are getting enough sleep?
4.	At what time do you usually go to sleep? Weekdays at / Weekends at / Weekends at
5.	At what time do you usually get up in the morning? Weekdays at / Weekends at / Weekends at
6.	For how long do you usually stay awake after you have turned off the lights? Min /Hrs
7.	How often, on avarage, do you awake per night?   Never Once Twice 3 times 4 times 5-7 times More than 7 times
8.	What wakes you up at night?
	How many cups of coffee do you, on avarage, drink a day?  \[ \subseteq \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
SLEE	P DISTURBANCES:
1.	Have you been told that you seem to "act out your dreams" in your sleep (sudden movements, screaming and whining)?  No Yes (if yes, please answer questions a-e below).
	a. For how many months/years have you had these sleep disturbances?
	<ul><li>b. Have you ever hurt yourself with this behaviour (bruises, wounds or broken bones)?</li><li>No  Yes</li></ul>
	<ul><li>c. Have you ever hurt a person sleeping next to you with this behaviour (bruising, hitting or pulling their hair)?</li><li>No  Yes</li></ul>
	<ul> <li>d. Have you ever dreamt thet you are being followed, attacked or that you needed to protect yourself from an attack?</li> <li>No Yes</li> </ul>
	<ul><li>e. Have you been told that your movements while sleeping seem to relate to your dreams?</li><li>No  Yes</li></ul>
2.	Do you or have you ever suffered from a neurological diseases?   No Yes (if yes, which disease)?
	(o.g. Stroke Prain trauma Parkinson's Postless Leas Sundreme Marcelensy Depression Epilelpsy Inflammatory brain diseases)



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3.	Do you grind your teeth in your sleep?   No Yes I don't know
4.	Do you sleepwalk?
5.	Do you talk in your sleep?
6.	Have you ever experienced a sudden loss of muscle control when you laugh?  No Yes (if yes, how often does this occur)?
7.	Have you ever felt that you can see or hear people, animals, objects or events that scare you in the following circumstances?  a) When you are about to fall a sleep?  b) In the morning when you wake up?  c) When you wake up during the night?  d) When you take a nap?  e) When you are sleepy?  f) When you experience a loss of muscle control?  No Yes  No Yes  No Yes
8.	Have you been told that you make loud and constrained sounds in your sleep <i>(not snoring)</i> ?  No Yes
9.	Do you feel that you suffer from sleep disturbances (do you think your sleep is abnormal)?  No Yes (if yes, please answer questions a-b below).
	a) What kind of sleeping disorder do you suffer from (in what way is your sleep abnormal)?
	b) In your opinion, what is the cause of your sleep disturbances?