



Day:

SLEEP AND LIFESTYLE:

1. How much sleep do you think you get, on average, per night?
Weekdays: Hrs. min. / Weekends: Hrs. min.
2. How much sleep do you think you need per night?
Weekdays: Hrs. min. / Weekends: Hrs. min.
3. Do you feel that you are getting enough sleep? ☐ Too little ☐ Enough ☐ Too much
4. At what time do you usually go to sleep? Weekdays at / Weekends at
5. At what time do you usually get up in the morning? Weekdays 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 average, 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?
9. How many cups of coffee do you, on average, drink a day?
☐ I seldom drink coffee ☐ 1-2 cups ☐ 3-4 cups ☐ 5-7 cups ☐ 8-10 cups ☐ 10 cups or more
10. How many cups of coffee do you drink in the evening (after 6 pm)?
☐ None ☐ 1-2 cups ☐ 3-4 cups ☐ 5-7 cups ☐ 7 cups or more

SLEEP 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?
 - b. Have you ever hurt yourself with this behaviour (bruises, wounds or broken bones)?
☐ No ☐ Yes
 - c. Have you ever hurt a person sleeping next to you with this behaviour (bruising, hitting or pulling their hair)?
☐ No ☐ Yes
 - d. Have you ever dreamt that you are being followed, attacked or that you needed to protect yourself from an attack?
☐ No ☐ Yes
 - e. Have you been told that your movements while sleeping seem to relate to your dreams?
☐ No ☐ Yes
2. Do you or have you ever suffered from a neurological diseases? ☐ No ☐ Yes (if yes, which disease)?

(e.g. Stroke, Brain trauma, Parkinson's, Restless Legs Syndrome, Narcolepsy, Depression, Epilepsy, Inflammatory brain diseases).

