SCISD-R
Structured Clinical Interview for Sleep Disorders
Revised

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SCISD - R
Structured Clinical Interview for Sleep Disorders Revised

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Dana Larson, MA & Lucas Brilliot, MA
STRUCTURED CLINICAL INTERVIEW FOR SLEEP DISORDERS - REVISED (SCISD-R)

Medical History
Please list any medical problems that you are currently experiencing:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Please list any mental health problems that you are currently experiencing:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Medications and substances can impact sleep. Are you taking or using any of the following? (check all that apply):

___ Prescriptions or over-the-counter medications  ___ Caffeine (include workout supplements)
___ Melatonin  ___ Nicotine
___ Alcohol  ___ Illicit drugs or prescriptions that aren’t yours
___ No medications or substances (skip to next page)

Please provide details for any medications or substances you are taking:

<table>
<thead>
<tr>
<th>Name</th>
<th>What do you take it for?</th>
<th>How often do you take it?</th>
<th>How much do you take (dose)?</th>
<th>How long have you been taking it for?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Notes:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
What are your main concerns about your sleep? _______________________________________________________

Please answer the following questions about your sleep on a typical work night (e.g., week night):

<table>
<thead>
<tr>
<th>Question</th>
<th>Work Nights (e.g., Week Night)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What time do you get into bed, on average?</td>
<td>AM/PM</td>
</tr>
<tr>
<td>2. What time do you try to go to sleep, on average?</td>
<td>AM/PM</td>
</tr>
<tr>
<td>3. Once you start trying to go to sleep, how long does it take you to fall asleep, on average?</td>
<td>____ hrs ____ min</td>
</tr>
<tr>
<td>4. How many times do you typically wake up, not counting your final awakening, on average?</td>
<td></td>
</tr>
<tr>
<td>5. How long do these awakenings last (in total), on average?</td>
<td>____ hrs ____ min</td>
</tr>
<tr>
<td>6. What time is your final awakening, on average?</td>
<td>AM/PM</td>
</tr>
<tr>
<td>7. What time do you usually get out of bed for the day, on average?</td>
<td>AM/PM</td>
</tr>
<tr>
<td>8. How often do you nap or doze during your work days/weekdays?</td>
<td>____ naps per week</td>
</tr>
<tr>
<td>(if any) For how long? __________________. Are these naps intentional?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>9. How would you rate the average quality of your sleep on a work night/week night?</td>
<td>□ Very Poor □ Poor □ Fair □ Good □ Very Good</td>
</tr>
<tr>
<td>10. How long have you slept this way?</td>
<td>____ yrs ____ mos ____ wks</td>
</tr>
</tbody>
</table>

For interviewer/therapist use:

Estimated work night Time in Bed: 

Estimated work night Total Sleep Time: 

CONTINUE ON NEXT PAGE
Is your sleep the **same** on the days you work/week days as it is on off days/weekend?  □ Yes  □ No
If YES: Continue to question 11.
If NO: Skip to question 21.

<table>
<thead>
<tr>
<th>Question</th>
<th>Off Work Nights (e.g., Weekend Night)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. What time do you get into bed, on average?</td>
<td>AM/PM</td>
</tr>
<tr>
<td>12. What time do you try to go to sleep, on average?</td>
<td>AM/PM</td>
</tr>
<tr>
<td>13. Once you start trying to go to sleep, how long does it take you to fall asleep, on average?</td>
<td>___ hrs ___ min</td>
</tr>
<tr>
<td>14. How many times do you typically wake up, not counting your final awakening, on average?</td>
<td></td>
</tr>
<tr>
<td>15. How long do these awakenings last (in total), on average?</td>
<td>___ hrs ___ min</td>
</tr>
<tr>
<td>16. What time is your final awakening, on average?</td>
<td>AM/PM</td>
</tr>
<tr>
<td>17. What time do you usually get out of bed for the day, on average?</td>
<td>AM/PM</td>
</tr>
<tr>
<td>18. How often do you nap or doze during your off days/weekend days?</td>
<td>___ naps per week</td>
</tr>
<tr>
<td>(if any) For how long? _________            Are these naps intentional? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>19. How would you rate the average quality of your sleep on an off work night/weekend?</td>
<td>□ Very Poor □ Poor □ Fair □ Good □ Very Good</td>
</tr>
<tr>
<td>20. How long have you slept this way?</td>
<td>___yrs___mos___wks</td>
</tr>
</tbody>
</table>

**CONTINUE HERE**

21. If you work shift work or otherwise have an irregular sleep schedule, please describe: ____________________________

______________________________________________________________________________

______________________________________________________________________________

22. If you had no responsibilities, what time would your body tell you to go to sleep and wake up?
    ______AM/PM to ______AM/PM

23. Is there anything else that I should know about your sleep schedule? ____________________________

______________________________________________________________________________

For interviewer/therapist use:

<table>
<thead>
<tr>
<th>Estimated off work night <strong>Time in Bed:</strong></th>
<th></th>
</tr>
</thead>
</table>

| Estimated off work night **Total Sleep Time:** |                                    |
### CRITERIA FOR INSOMNIA DISORDER

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [If not known] Do you ever have difficulty falling asleep, staying asleep, or waking up too early in the morning? [Note. “Difficulty” is typically defined as ≥ 30 minutes]</td>
<td>1. A predominant complaint of dissatisfaction with sleep quantity or quality, associated with one (or more) of the following symptoms: □ Difficulty initiating sleep. □ Difficulty maintaining sleep (i.e., frequent awakenings or problems returning to sleep after awakenings). □ Early-morning awakening with inability to return to sleep.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>2. How many nights a week do you have difficulty falling or staying asleep?</td>
<td>2. The sleep difficulty occurs ≥ 3 nights per week.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>3. How long have you had difficulty falling or staying asleep at least 3 nights per week?</td>
<td>3. The episode lasted ≥ 3 months.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>4a. How much does this sleep problem interfere with your life?</td>
<td>4. The sleep disturbance causes clinically significant distress OR impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>4b. How does this sleep problem impact you during the day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example, does this sleep problem cause fatigue, decreased energy, mood problems, worries about sleep loss, or interfere with work, family, or social interactions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. [If not known] Do you think you have enough time to sleep? OR 5b. [If not known] Do you think you would have this sleep problem if you had at least 7 hours to sleep?</td>
<td>5. The sleep difficulty occurs despite adequate opportunity [e.g., lasting at least 7 hours] for sleep.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>6. [Refer to pg 1] How do you think the medications (or substances) you are taking impact your difficulty sleeping?</td>
<td>6. The insomnia is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication). [Reverse Score]</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>7. [Refer to pg 1] How do you think your other health problem(s) impact your difficulty sleeping?</td>
<td>7. Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia. [Reverse Score]</td>
<td>? 1 2 3</td>
</tr>
</tbody>
</table>

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

**Insomnia Disorder**

**IF 3 FOR ALL CRITERIA ABOVE.**

? 1 2 3

---

**Note.** According to DSM-5, “When a complaint of nonrestorative sleep occurs in isolation (i.e., in the absence of difficulty initiating and/or maintaining sleep) but all diagnostic criteria with regard to frequency, duration, and daytime distress and impairments are otherwise met, a diagnosis of other specified insomnia disorder or unspecified insomnia disorder is made” (p. 363).

The DSM-5 does not define “adequate opportunity for sleep” in the insomnia disorder diagnostic criteria, but does indicate “despite a main sleep period lasting at least 7 hours” in the hypersomnia disorder diagnostic criteria, so this example was used in the above definition.


DSM-5 specifies that insomnia “may occur during the course of another mental disorder or medical condition, or it may occur independently” (p. 363).
**CRITERIA FOR HYPERSOMNOLENCE DISORDER**

**ASK ONLY IF PATIENT REPORTS SLEEPING AT LEAST 7 HOURS PER NIGHT ON AVERAGE**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. [If not known] Would you say you are excessively sleepy?</td>
<td>1a. Self-reported excessive sleepiness (hypersomnolence) despite a main sleep period lasting at least 7 hours, with at least one of the following symptoms: □ 1b. Recurrent periods of sleep or lapses into sleep within the same day.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>1b. [If not known] Do you frequently take naps or fall asleep unintentionally during the day?</td>
<td>□ 1c. A prolonged main sleep episode of more than 9 hours per day that is nonrestorative (i.e., unrefreshing). □ 1d. Difficulty being fully awake after abrupt awakening.</td>
<td></td>
</tr>
<tr>
<td>1c. [If main sleep episode &gt; 9 hours] Would you say that your sleep is nonrestorative or unrefreshing?</td>
<td>□ 2. The hypersomnolence occurs ≥ 3 times per week. □ 3. The episode has lasted ≥ 3 months.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>1d. Do you find it difficult to be fully awake after sudden awakenings?</td>
<td>□ 4. The hypersomnolence is accompanied by significant distress or impairment in cognitive, social, occupational, or other important areas of functioning.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>2. How often does this sleepiness occur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How long have you had this sleep problem?</td>
<td></td>
<td></td>
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<tr>
<td>4. How much does this sleepiness interfere with your life? For example, do you have significant difficulty waking up, or does daytime sleepiness interfere with work, family, or social interactions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. [Refer to pg 1] How do you think the medications (or substances) you are taking impact your sleepiness?</td>
<td>5. The hypersomnolence is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
<tr>
<td>6. [Refer to pg 1] How do you think your other health problem(s) impact your sleepiness?</td>
<td>6. Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of hypersomnolence.</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
</tbody>
</table>

IF 1 FOR ANY ITEM, GO TO NEXT SECTION.

**Hypersomnolence Disorder** IF 3 FOR ALL CRITERIA ABOVE. ? 1 2 3
### CIRCADIAN RHYTHM SLEEP-WAKE DISORDERS

**ASK ONLY IF PATIENT REPORTS INSOMNIA OR HYPERsomnolence SYMPTOMS**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delayed Sleep Phase Type</strong></td>
<td></td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>1a. [If not known] Do you often fall asleep</td>
<td>1. A pattern of delayed sleep onset and awakening times (usually more than 2 hours),</td>
<td></td>
</tr>
<tr>
<td>later than most people do, for example at 1:00 am or later?</td>
<td>with an inability to fall asleep and awaken at a desired or conventionally acceptable earlier time.</td>
<td></td>
</tr>
<tr>
<td>1b. [If not known] Do you also have</td>
<td></td>
<td></td>
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<tr>
<td>difficulty getting up at 9:00 am or earlier?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advanced Sleep Phase Type</strong></td>
<td></td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>2a. [If not known] Do you often fall asleep</td>
<td>2. A pattern of advanced sleep onset and awakening times (usually more than 2 hours),</td>
<td></td>
</tr>
<tr>
<td>earlier than most people do, for example at 9:00 pm or earlier?</td>
<td>with an inability to remain awake or asleep until the desired or conventionally acceptable later sleep or wake times.</td>
<td></td>
</tr>
<tr>
<td>2b. [If not known] Do you also often wake up</td>
<td></td>
<td></td>
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<tr>
<td>at 5:00 am or earlier without an alarm?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shift Work Type</strong></td>
<td></td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>3. Do you work shift work or the night shift</td>
<td>3. Insomnia during the major sleep period and/or excessive sleepiness (including inadvertent sleep) during the major awake period associated with shift work schedule (i.e., requiring unconventional work hours).</td>
<td></td>
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<tr>
<td>on a regular basis (e.g., shift starts before 6:00 am or ends after 9:00 pm)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Irregular Sleep-Wake Type</strong></td>
<td></td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>4. [If not known] Do you tend to take several</td>
<td>4. A temporally disorganized sleep-wake pattern, such that the timing of sleep and wake periods is variable throughout the 24-hour period.</td>
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<tr>
<td>naps in a 24-hour period rather than sleeping 6 to 8 hours at a time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-24-Hour-Sleep-Wake Type</strong></td>
<td></td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>5. [If not known] Do you seem to only be able</td>
<td>5. A pattern of sleep-wake cycles that is not synchronized to the 24-hour environment, with a consistent daily drift (usually to later and later times) of sleep onset and wake times.</td>
<td></td>
</tr>
<tr>
<td>to get enough sleep if you go to bed and get up later and later each day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IF 1 FOR ALL, GO TO NEXT SECTION.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you think this schedule is the main</td>
<td>6. A persistent or recurrent pattern of sleep disruption leading to excessive sleepiness, insomnia, or both that is primarily due to a misalignment between the endogenous circadian rhythm and the sleep-wake schedule required by an individual’s physical environment or social or professional schedule.</td>
<td></td>
</tr>
<tr>
<td>reason you are having problems with sleep and/or sleepiness?</td>
<td></td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>7. How much do these problems with sleep and/or sleepiness interfere with your life? For example, does this sleep pattern cause fatigue, decreased energy, mood problems, or interfere with work, family, or social interactions?</td>
<td>7. The sleep disturbances causes clinically significant distress or impairment in social, occupational, and other important areas of functioning.</td>
<td>? 1 2 3</td>
</tr>
</tbody>
</table>

**Circadian Rhythm Sleep-Wake Disorder** IF 3 FOR ANY OF 1-5 AND BOTH 6 & 7. ? 1 2 3

8. [If not known] How many nights a week does this sleep problem occur?

9. [If not known] How long have you had this sleep problem?

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT ASK ALL QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?</td>
<td>1. Nocturnal breathing disturbances: snoring or snorting/gasping.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>2. Has anyone observed you stop breathing during your sleep?</td>
<td>2. Nocturnal breathing disturbances: breathing pauses during sleep.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>3. [If not known] Do you often feel tired, fatigued, or sleepy during the daytime?</td>
<td>3. Daytime sleepiness, fatigue, or unrefreshing sleep despite sufficient opportunities to sleep that is not better explained by another mental disorder (including a sleep disorder) and is not attributable to another medical condition.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>4. [If not known] Do you have, or are you being treated, for high blood pressure?</td>
<td>4. High blood pressure</td>
<td>? 1 2 3</td>
</tr>
</tbody>
</table>

**Possible Obstructive Sleep Apnea**

IF 3 FOR ≥ 2 CRITERIA FROM ABOVE.  ? 1 2 3

Confirmed with PSG?
PSG date? ____/____; Apnea hypopnea index (AHI): ____

**Definite Obstructive Sleep Apnea**

Diagnosed with PSG  ? 1 2 3

# Restless Legs Syndrome

## Question Criteria

<table>
<thead>
<tr>
<th>Question</th>
<th>Criteria</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>Do you often have a very strong urge to move your legs? <strong>[If yes]</strong> Tell me about that.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>1b.</td>
<td>Is this urge accompanied by an unpleasant sensation in your legs such as crawling, tingling, drawing, restlessness, or “electric” sensations?</td>
<td>1. An urge to move the legs, usually accompanied by or in response to uncomfortable and unpleasant sensations in the legs.</td>
</tr>
<tr>
<td>2.</td>
<td>Does this urge begin or worsen when you are resting or being inactive?</td>
<td>2. The urge to move the legs begins or worsens during periods of rest or inactivity.</td>
</tr>
<tr>
<td>3.</td>
<td>Is the discomfort relieved by movement?</td>
<td>3. The urge to move the legs is partially or totally relieved by movement.</td>
</tr>
<tr>
<td>4.</td>
<td>Are the symptoms worse in the evening or at night?</td>
<td>4. The urge to move the legs is worse in the evening or at night than during the day, or occurs only in the evening or at night.</td>
</tr>
<tr>
<td>5.</td>
<td>Do you think these symptoms might just be because you are in an uncomfortable position? Are they just a nervous habit like foot tapping?</td>
<td>5. The restless legs symptoms are not better explained by a behavioral condition (e.g., positional discomfort, habitual foot tapping). <strong>[Reverse Score]</strong></td>
</tr>
<tr>
<td>6.</td>
<td>How many nights a week does this occur?</td>
<td>6. The sleep difficulty occurs ≥ 3 times per week.</td>
</tr>
<tr>
<td>7.</td>
<td>How long have you had this sleep problem?</td>
<td>7. The sleep difficulty has persisted for ≥ 3 months.</td>
</tr>
<tr>
<td>8.</td>
<td>How much do these symptoms interfere with your life or sleep? For example, does this sleep problem cause difficulties falling or staying asleep or interfere with work, family, or social interactions?</td>
<td>8. The symptoms are accompanied by significant distress or impairment in sleep, social, occupational, educational, academic, behavioral or other important areas of functioning.</td>
</tr>
<tr>
<td>9. <strong>[Refer to pg 1]</strong></td>
<td>How do you think the medications (or substances) you are taking impact these restless legs symptoms?</td>
<td>9. The restless legs symptoms are not attributable to the physiological effects of a drug of abuse or medication (e.g., akathisia). <strong>[Reverse Score]</strong></td>
</tr>
<tr>
<td>10. <strong>[Refer to pg 1]</strong></td>
<td>How do you think your other health problem(s) impact these restless legs symptoms?</td>
<td>10. The restless legs symptoms are not attributable to another mental disorder or medical condition (e.g., arthritis, leg edema, peripheral ischemia, leg cramps). <strong>[Reverse Score]</strong></td>
</tr>
</tbody>
</table>

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

**Restless Legs Syndrome**

**IF 3 FOR ALL CRITERIA ABOVE.**
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. [If not known] Do you frequently have disturbing dreams?</td>
<td>1a and 1b. Repeated occurrences of extended, extremely dysphoric, and well-remembered dreams</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>1b. Do you remember these disturbing dreams?</td>
<td>[1c-e are not required for a score of 3]</td>
<td></td>
</tr>
<tr>
<td>1c. What are the dreams about?</td>
<td>□ 1c. That usually involve efforts to avoid threats to survival, security, or physical integrity and</td>
<td></td>
</tr>
<tr>
<td>1d. About what time of night does this happen?</td>
<td>□ 1d. That generally occur during the second half of the major sleep episode.</td>
<td></td>
</tr>
<tr>
<td>1e. Do these disturbing dreams typically cause you to wake up?</td>
<td>□ 1e. That usually terminate with awakening and rapid return of full alertness.</td>
<td></td>
</tr>
<tr>
<td>2. Once you wake up from these dreams, do you quickly become alert and realize that you were having a dream?</td>
<td>2. On awakening from the dysphoric dreams, the individual rapidly becomes oriented and alert.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>3. How much do these disturbing dreams interfere with your life or sleep?</td>
<td>3. The sleep disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>For example, do the disturbing dreams make it difficult to fall or stay asleep, impact your mood during the day, or interfere with work, family, or social interactions?</td>
<td>4. The nightmare symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
<tr>
<td>4. [Refer to pg 1] How do you think the medications (or substances) you are taking impact these disturbing dreams?</td>
<td>5. Coexisting mental and medical disorders do not adequately explain the predominant complaint of dysphoric dreams.</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
<tr>
<td>5. [Refer to pg 1] How do you think your other health problem(s) impact these disturbing dreams?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

**Nightmare Disorder**  
**IF 3 FOR ALL CRITERIA ABOVE.**  

6. How often do you have disturbing dreams that you remember?  
7. How long have you had disturbing dreams at this frequency?  

**Note.** According to DSM-5, “Nightmares usually terminate with awakening and rapid return of full alertness. However, the dysphoric emotions may persist into wakefulness and contribute to difficulty returning to sleep and lasting daytime distress. Some nightmares, known as ‘bad dreams,’ may not induce awakening and are recalled only later.” (p. 363)
### Non-Rapid Eye Movement (REM) Sleep Arousal Disorders: Sleepwalking Type

**Recurrent Episodes of Incomplete Awakening From Sleep, Usually Occurring During the First Third of the Major Sleep Episode, Accompanied By the Following:**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Do others tell you that you get out of bed and walk around during your sleep?</td>
<td>1. Repeated episodes of rising from bed during sleep and walking about. While sleepwalking, the individual has a blank, staring face. This generally occurs in the first third of the major sleep episode.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>1b. About what time of night does this happen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a. Do you tend to be unresponsive to others during sleep walking?</td>
<td>2. Relatively unresponsive to the efforts of others to communicate with him or her; and can be awakened only with great difficulty.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>2b. Do others find you difficult to awaken during these episodes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you have difficulty recalling any dreams during these episodes?</td>
<td>3. No or little (e.g., only a single visual scene) dream imagery is recalled.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>4. Do you have difficulty remembering these episodes?</td>
<td>4. Amnesia for the episodes is present.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>5. How much does sleep walking bother you or others in your household or interfere with your life or sleep? For example, do the sleepwalking episodes interfere with work, family, or social interactions?</td>
<td>5. The episodes cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>6. [Refer to pg 1] How do you think the medications (or substances) you are taking impact the sleep walking?</td>
<td>6. The sleepwalking is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
<tr>
<td>7. [Refer to pg 1] How do you think your other health problem(s) impact the sleep walking?</td>
<td>7. Coexisting mental disorders and medical conditions do not adequately explain the episodes of sleepwalking.</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
</tbody>
</table>

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

**Non-REM Sleep Arousal Disorder, Sleepwalking type**

- **8. [If not known] Do you eat food or other non-food materials during these episodes?**
  - 8. Unwanted recurrent episodes of eating with varying degrees of amnesia, ranging from no awareness to full awareness without the ability to not eat. During these episodes, inappropriate foods may be ingested. Individuals may find evidence of their eating only the next morning.

  **Specify: With sleep-related eating**

  - **9. [If not known] Do you engage in sexual behavior without awareness during these episodes?**
    - 9. Varying degrees of sexual activity (e.g., masturbation, fondling, groping, sexual intercourse) occur as complex behaviors arising from sleep without conscious awareness.

  **Specify: With sleep-related sexual behavior (sexsomnia)**

  - **IF YES TO QUESTION 8.**
  - **IF YES TO QUESTION 9.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. How many nights a week does this sleep problem occur?</td>
<td></td>
</tr>
<tr>
<td>11. How long have you had this sleep problem?</td>
<td></td>
</tr>
</tbody>
</table>

? = insufficient information; 1 = Absent (no); 2 = Subthreshold (uncertain); 3 = Threshold (yes)
### NON-RAPID EYE MOVEMENT (REM) SLEEP AROUSAL DISORDERS: SLEEP TERROR TYPE

**RECURRENT EPISODES OF INCOMPLETE AWAKENING FROM SLEEP, USUALLY OCCURRING DURING THE FIRST THIRD OF THE MAJOR SLEEP EPISODE, ACCOMPANIED BY THE FOLLOWING:**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. [If not known] Do others tell you that you sometimes seem to awaken at night with intense fear or terror? [If nightmares are endorsed clarify “aside from a nightmare”]?</td>
<td>1. Recurrent episodes of abrupt terror arousals from sleep, usually occurring during the first third of the major sleep episode and beginning with a panicky scream. There is intense fear and signs of autonomic arousal, such as mydriasis, tachycardia, rapid breathing, and sweating, during each episode. This generally occurs in the first third of the major sleep episode.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>1b. [If not known] About what time of night does this happen?</td>
<td>2. Relative unresponsiveness to efforts of others to comfort the individual during the episodes.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>2a. Do you tend to be unresponsive to others during these episodes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b. Do others find you difficult to awaken during these episodes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you have difficulty recalling any dreams during these episodes?</td>
<td>3. No or little (e.g., only a single visual scene) dream imagery is recalled.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>4. Do you have difficulty remembering these episodes?</td>
<td>4. Amnesia for the episodes is present.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>5. How much do these episodes bother you or others in your household or interfere with your life or sleep? For example, do the sleep terror episodes interfere with work, family, or social interactions?</td>
<td>5. The episodes cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>6. [Refer to pg 1] How do you think the medications (or substances) you are taking impact these episodes?</td>
<td>6. The sleep terrors are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
<tr>
<td>7. [Refer to pg 1] How do you think your other health problem(s) impact these episodes?</td>
<td>7. Coexisting mental disorders and medical conditions do not adequately explain the episodes of sleep terrors.</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
</tbody>
</table>

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

**Non-REM Sleep Arousal Disorder, Sleep terror type**

| IF 3 FOR ALL CRITERIA ABOVE. | ? 1 2 3 |
| 8. How many nights a week does this sleep problem occur? | |
| 9. How long have you had this sleep problem? | |
### REM Sleep Behavior Disorder

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>[If not known]</strong> Have you ever done anything unusual during sleep like acting out a dream?</td>
<td>1. Repeated episodes of arousal during sleep associated with vocalization and/or complex motor behaviors.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>2. About what time of night does this happen?</td>
<td>2. These behaviors arise during rapid eye movement (REM) sleep and therefore usually occur more than 90 minutes after sleep onset, are more frequent during the later portions of the sleep period, and uncommonly occur during daytime naps.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>Does this ever happen during naps?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you become immediately alert and oriented when you wake up from these episodes?</td>
<td>3. Upon awakening from these episodes, the individual is completely awake, alert, and not confused or disoriented.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>4a. How much do these episodes bother you or others in your household or interfere with your life or sleep? For example, have you ever injured yourself or someone else during these events? Do these episodes distress others in your household or cause you embarrassment?</td>
<td>4. The behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (which may include injury to self or the bed partner).</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>5. <strong>[Refer to pg 1]</strong> How do you think the medications (or substances) you are taking impact these behaviors?</td>
<td>5. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
<tr>
<td>6. <strong>[Refer to pg 1]</strong> How do you think your other health problem(s) impact these behaviors?</td>
<td>6. Coexisting mental disorders and medical conditions do not explain the episodes.</td>
<td>? 1 2 3 [Reverse Score]</td>
</tr>
</tbody>
</table>

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

**Possible REM Sleep Behavior Disorder**

<table>
<thead>
<tr>
<th>IF 3 FOR ALL CRITERIA ABOVE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>? 1 2 3</td>
</tr>
</tbody>
</table>

- **Confirmed by Polysomnography? __/__/** REM sleep without atonia on polysomnographic recording. ? 1 2 3
- **Established Synucleinopathy Diagnosis? __/__/** A history suggestive of REM sleep behavior disorder and an established synucleinopathy diagnosis (e.g., Parkinson’s disease, multiple system atrophy). ? 1 2 3
- **Definite REM Sleep Behavior Disorder** Diagnosed with PSG OR meets all criteria above and has confirmed diagnosis of synucleinopathy ? 1 2 3

7. How many nights a week does this sleep problem occur?

8. How long have you had this sleep problem?
NARCOLEPSY

ASK ONLY IF PATIENT MEETS CRITERIA FOR HYPERSOMNOLENCE DISORDER

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CRITERIA</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. [If not known] Do you suffer from</td>
<td>1. Recurrent periods of an irreplaceable need to sleep, lapsing into sleep, or napping occurring within the same day.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>daytime sleepiness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. [If not known] Do you frequently fall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>asleep unintentionally during the day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a. Do you ever experience sudden muscle</td>
<td>2. Episodes of cataplexy occurring at least a few times per month defined as either:</td>
<td></td>
</tr>
<tr>
<td>weakness or paralysis when you become</td>
<td>(a) In individuals with long-standing disease, brief (seconds to minutes) episodes of sudden bilateral loss of muscle tone with maintained consciousness that are precipitated by laughter or joking OR</td>
<td></td>
</tr>
<tr>
<td>angry, amused, or emotionally excited?</td>
<td>(b) In children or individuals within 6 months of onset, spontaneous grimaces or jaw-opening episodes with tongue thrusting or a global hypotonia, without any obvious emotional triggers.</td>
<td></td>
</tr>
<tr>
<td>2b. Does this weakness affect both sides of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>your body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c. How long do these episodes typically last?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How many nights a week does this problem</td>
<td>3. The sleep difficulty occurs ≥ 3 nights per week.</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td>occur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. How long have you had this sleep problem?</td>
<td>4. The episode lasted ≥ 3 months.</td>
<td>? 1 2 3</td>
</tr>
</tbody>
</table>

IF 1 FOR ANY ITEM, GO TO NEXT SECTION.

Possible Narcolepsy

<table>
<thead>
<tr>
<th>IF 3 FOR ALL CRITERIA ABOVE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>? 1 2 3</td>
</tr>
</tbody>
</table>

Confirmed by polysomnography? PSG date: ___/___

Confirmed by cerebrospinal fluid? CSF date: ___/___

Definite Narcolepsy

<table>
<thead>
<tr>
<th>The presence of at least one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cataplexy (Criteria 2)</td>
</tr>
<tr>
<td>2. Diagnosed with PSG</td>
</tr>
<tr>
<td>3. Diagnosed with CSF</td>
</tr>
</tbody>
</table>

5. How many days a week do you fall asleep unintentionally or need multiple naps or have muscle weakness?

6. How long have you had this sleep problem?
<table>
<thead>
<tr>
<th>Module</th>
<th>Specify</th>
<th>Note: 1 = Absent (no); 2 = Subthreshold (uncertain); 3 = Threshold (yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insomnia Disorder</strong></td>
<td>Rate 3 only if the insomnia is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (e.g., narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, a parasomnia).</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td></td>
<td>□ Episodic (1-3 mo)  □ Persistent (≥ 3 mo)  □ Recurrent (≥ 2 episodes in 1 year)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ With non-sleep disorder mental comorbidity (including substance use disorders)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ With other medical comorbidity  □ With other sleep disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Currently using medications for insomnia?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, medications sufficiently treat insomnia?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Hypersomnia Disorder</strong></td>
<td>Rate 3 only if the hypersomnia is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (e.g., narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, a parasomnia).</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td></td>
<td>□ With mental disorder  □ With medical condition  □ With another sleep disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Mild (1-2/week)  *□ Moderate (3-4/week)  □ Severe (5-7/week)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Acute (&lt; 1 mo)  □ Subacute (1-3 mo)  *□ Persistent (≥ 3 mo)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Currently using medications or CPAP for hypersomnia?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, medications or CPAP sufficiently treat hypersomnia?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Circadian Rhythm Sleep-Wake Disorder</strong></td>
<td>□ Delayed sleep phase type  □ Advanced sleep phase type  □ Shift work type</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td></td>
<td>□ Irregular sleep-wake type  □ Non-24-hour sleep-wake type  □ Unspecified type</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Episodic (1–3 mo)  □ Persistent (≥ 3 mo)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Currently using medications for circadian rhythm sleep disorder?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, medications sufficiently treat circadian rhythm sleep disorder?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Obstructive Sleep Apnea Hypopnea Disorder</strong> b</td>
<td>□ Possible  □ Definite  PSG Date:</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td></td>
<td>Severity:  □ Mild (AHI &lt; 15)  □ Moderate (AHI 15-30)  □ Severe (AHI &gt; 30)  □ Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Currently using CPAP ≥ 4 hrs per night?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Restless Legs Syndrome</strong></td>
<td></td>
<td>? 1 2 3</td>
</tr>
<tr>
<td><strong>Nightmare Disorder</strong></td>
<td>□ During sleep onset  □ With non-sleep disorder mental comorbidity (including substance use disorders)  □ With other medical condition  □ With other sleep disorder</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td></td>
<td>□ Mild (&gt; 1/mo, but &lt; 1/week)  □ Moderate (1 – 6/week)  □ Severe (every night)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Acute (≤ 1 mo)  □ Subacute (&gt; 1 – &lt; 6 mo)  □ Persistent (≥ 6 mo)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Currently using medications for nightmares?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, medications sufficiently treat nightmares?  □ No  □ Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Non-REM Sleep Arousal Disorder: Sleepwalking Type</strong></td>
<td>□ With sleep-related eating  □ With sleep-related sexual behavior (sexsomnia)</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td><strong>Non-REM Sleep Arousal Disorder: Sleep Terror Type</strong></td>
<td></td>
<td>? 1 2 3</td>
</tr>
<tr>
<td><strong>REM Sleep Behavior Disorder</strong> b</td>
<td>□ Possible  □ Definite  PSG Date:</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td></td>
<td>Synucleinopathy Dx Date:</td>
<td></td>
</tr>
<tr>
<td><strong>Narcolepsy Disorder</strong> b</td>
<td>□ Possible  □ Definite  PSG Date:</td>
<td>? 1 2 3</td>
</tr>
<tr>
<td></td>
<td>CSF Date:</td>
<td></td>
</tr>
</tbody>
</table>

Note: / = “times per;” PSG = polysomnography; CSF = cerebrospinal fluid; *minimal frequency or duration required for diagnosis; b rate as possible unless confirmed by an accredited sleep disorders lab/center (or for narcolepsy, meets criteria for cataplexy).