

Karolinska Sleep Questionnaire

Answer the following questions on a scale from 0-5, where 0 = never, 1 = occasionally, 2 = sometimes (several times per month), 3 = often (1-2 times per week), 4 = most of the time (3-4 times per week), and 5 = always (5 times or more a week)

Have you been bothered by the following complaints during the past three months...

1. Difficulties falling asleep

1	2	3	4	5	6	7

6. Not well-rested on awakening

1	2	3	4	5	6	7

2. Repeated awakenings with difficulties

1	2	3	4	5	6	7

7. Feelings of being exhausted when waking up

1	2	3	4	5	6	7

3. Premature awakenings

1	2	3	4	5	6	7

8. Heavy snoring

1	2	3	4	5	6	7

4. Disturbed/restless sleep

1	2	3	4	5	6	7

9. Gasping for breath during sleep

1	2	3	4	5	6	7

5. Difficulties waking up

1	2	3	4	5	6	7

10. Cessation of breathing during sleep

1	2	3	4	5	6	7