

## MAYO SLEEP QUESTIONNAIRE-*INFORMANT*

Do you sleep in the same room as the patient? ☐ Yes ☐ No

Please mark “Yes” if the described event has occurred at least 3 times.

1. Have you ever seen the patient appear to “act out his/her dreams” while sleeping? (punched or flailed arms in the air, shouted or screamed)

☐ 0 no  
☐ 1 yes

• **If Yes,**

- a. How many months or years has this been going on?

☐☐ **year(s)**  
☐☐ **months**

- b. Has the patient ever been injured from these behaviors (bruises, cuts, broken bones)?

☐ **No**  
☐ **Yes**

- c. Has a bedpartner ever been injured from these behaviors (bruises, blows, pulled hair)?

☐ **No**  
☐ **Yes**  
☐ **No bedpartner**

- d. Has the patient told you about dreams of being chased, attacked or that involve defending himself/herself?

☐ **No**  
☐ **Yes**  
☐ **Never told you about dreams**

- e. If the patient woke up and told you about a dream, did the details of the dream match the movements made while sleeping?

☐ **No**  
☐ **Yes**  
☐ **Never told you about dreams**

2. Do the patient's legs repeatedly jerk or twitch during sleep (not just when falling asleep)?

☐ **No**  
☐ **Yes**

(Continue on next page)

3. Does the patient complain of a restless, nervous, tingly, or creepy-crawly feeling in his/her legs that disrupts his/her ability to fall or stay asleep?

☐  
☐

**No**  
**Yes**

• **If Yes,**

a. Does the patient tell you that these leg sensations decrease when he/she moves them or walks around?

☐  
☐

**No**  
**Yes**

b. When do these sensations seem to be the worst?

☐  
☐

**before 6 pm**  
**after 6 pm**

4. Has the patient ever walked around the bedroom or house while asleep?

☐  
☐

**No**  
**Yes**

5. Has the patient ever snorted or choked him/herself awake?

☐  
☐

**No**  
**Yes**

6. Does the patient ever seem to stop breathing during sleep?

☐  
☐

**No**  
**Yes**

• **If Yes,**

a. Is the patient currently being treated for this (e.g., CPAP)?

☐  
☐

**No**  
**Yes**

(Continue on next page)

7. Does the patient have leg cramps at night? (e.g., also called a “charlie horse” with intense pain in certain muscles in the leg)?

☐

**No**

☐

**Yes**

8. Rate the patient’s general level of alertness for the past 3 weeks on a scale from 0 to 10.

**0**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

**Sleep  
all day**

**Fully &  
normally  
awake**