

Parkinson's Disease Sleep Evaluation

Patient Name: _____ Doctor: _____
 Start Date: _____ End Date: _____

Sleep Scale		Never	Rarely	Sometimes	Mostly	Always	Notes
1.	I have quality sleep through the night	1	2	3	4	5	
2.	It's difficult for me to fall asleep	1	2	3	4	5	
3.	I wake up in the middle of the night	1	2	3	4	5	
4.	I have restless arms/legs at night that disrupt sleep	1	2	3	4	5	
5.	I fidget in bed	1	2	3	4	5	
6.	I have upsetting dreams	1	2	3	4	5	
7.	I have upsetting hallucinations while trying to sleep	1	2	3	4	5	
8.	I get up at night to go to the bathroom	1	2	3	4	5	
9.	I wake up because of numbing/tingling in my legs/arms	1	2	3	4	5	
10.	I have painful muscle cramps during the night	1	2	3	4	5	
11.	I fall asleep during the day	1	2	3	4	5	
12.	I feel sleepy when I wake up in the morning.	1	2	3	4	5	
13.							
14.							
15.							

Additional Notes

Notes: