Karolinska sleep questionnaire

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Have you perceived any of the following complaints during the last three months?

**never seldom some- fairly most of always**

**times often the tieme**

some several 3-4 5 or every

times times times more day

per year per mo. per week times/w

difficulties falling asleep............................................... ❒ ❒ ❒  ❒

difficulties awakening................................................... ❒ ❒ ❒ ❒ ❒

repeated awakenings (with difficulties

going back to sleep)..........................................  ❒ ❒ ❒ ❒ ❒

heavy snoring..............................................................  ❒ ❒ ❒ ❒ ❒

insufficient sleep ......................................................... ❒ ❒ ❒ ❒ ❒

Gasping for breath during sleep  ❒ ❒ ❒ ❒ ❒

nightmares..................................................................  ❒ ❒ ❒ ❒ ❒

Brief cessation of breathing during sleep

not feeling refreshed at wake-up.................................. ❒ ❒ ❒ ❒ ❒

premature (final) awakening........................................ ❒ ❒ ❒ ❒ ❒

disturbed/restless sleep................................................. ❒ ❒ ❒ ❒ ❒

feeling of exhaustion at the awakening........................ ❒ ❒ ❒ ❒ ❒

sleepiness during work ................................................ ❒ ❒ ❒ ❒ ❒

sleepiness during free time........................................... ❒ ❒ ❒ ❒ ❒

mental fatigue............................................................... ❒ ❒ ❒ ❒ ❒

unintentional dozing off (naps) during work...............  ❒ ❒ ❒ ❒ ❒

unintentional dozing off (naps) during free time.......... ❒ ❒ ❒ ❒ ❒

have to fight sleep to be able to stay awake................. ❒ ❒ ❒ ❒ ❒

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At which time do you normally go to sleep? During work days: clock time\_\_\_\_\_\_\_\_\_

During days off: clock time \_\_\_\_\_\_\_\_\_\_

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At which time do you normally wake-up? During work days: clock time\_\_\_\_\_\_\_\_

During days off: clock time\_\_\_\_\_\_\_\_\_\_

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How long time are you awake before During work days:\_\_\_\_\_\_\_\_\_min

you fall asleep?

During days off:\_\_\_\_\_\_\_\_\_\_\_\_\_min

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How much sleep do you need? hours \_\_\_\_\_\_ minutes\_\_\_\_\_\_\_\_

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How often do you take naps?  never

 seldom (some time per year)

 occasionally (some time per month)

 often (several times per week)

 always (every day)

If you take a nap, how long is it? hours\_\_\_\_\_ minutes\_\_\_\_\_

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Are you an evening or an morning-type person?  extreme morning-type

 more morning than evening-type

 neither morning nor evening-type

 more evening than morning-type

 extreme evening-type

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Do you get sufficient sleep?  Yes, definitely enough

 Yes, almost enough

 No, slightly too little

 No, clearly too little

 No, definitely too little

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How is your sleep in general?  Very good

 Fairly good

 Neither good nor poor

 Fairly poor

 Very poor

To what extent is sleep a problem for you  A very big problem

 A rather big problem

 Some proble but I can handle it

 A marginal problem

 No problem