

INSOMNIA SCREENING QUESTIONNAIRE

The **INSOMNIA SCREENING QUESTIONNAIRE** is an optional tool that can be used by the clinician to assist in the diagnosis of a primary sleep disorder or secondary causes of insomnia. See next page for guidelines for interpreting the **INSOMNIA SCREENING QUESTIONNAIRE**.

Over the past month:		Circle the best answer				
		Never	Rarely	Occasionally	Most nights/days	Always
1	Do you have trouble falling asleep?	1	2	3	4	5
2	Do you have trouble staying asleep?	1	2	3	4	5
3	Do you wake up un-refreshed?	1	2	3	4	5
4	Do you take anything to help you sleep?	1	2	3	4	5
5	Do you use alcohol to help you sleep?	1	2	3	4	5
6	Do you have any medical condition that disrupts your sleep?	1	2	3	4	5
7	Have you lost interest in hobbies or activities?	1	2	3	4	5
8	Do you feel sad, irritable, or hopeless?	1	2	3	4	5
9	Do you feel nervous or worried?	1	2	3	4	5
10	Do you think something is wrong with your body?	1	2	3	4	5
11	Are you a shift worker or is your sleep schedule irregular?	1	2	3	4	5
12	Are your legs restless and/or uncomfortable before bed?	1	2	3	4	5
13	Have you been told that you are restless or that you kick your legs in your sleep?	1	2	3	4	5
14	Do you have any unusual behaviours or movements during sleep?	1	2	3	4	5
15	Do you snore?	1	2	3	4	5
16	Has anyone said that you stop breathing, gasp, snort, or choke in your sleep?	1	2	3	4	5
17	Do you have difficulty staying awake during the day?	1	2	3	4	5

GUIDELINES FOR INTERPRETING THE INSOMNIA SCREENING QUESTIONNAIRE

The INSOMNIA SCREENING QUESTIONNAIRE is a screening tool used to guide the physician in the clinical evaluation of insomnia. It is used to screen for a **primary sleep disorder** as indicated in the Insomnia Algorithm. Based on the general rules below the physician should perform a more detailed clinical evaluation and/or refer where he/she feels it is appropriate.

Diagnostic Domains:

- 1) Insomnia: Q1-6
- 2) Psychiatric Disorders: Q7-10
- 3) Circadian Rhythm Disorder: Q11
- 4) Movement Disorders: Q12-13
- 5) Parasomnias Q14
- 6) Sleep Disordered Breathing (Sleep Apnea): Q15-17

General Guidelines for interpretation of the insomnia screening questionnaire:

- 1:** Patients who answer 3, 4 or 5 on any question likely suffer from insomnia. If they answer 3, 4 or 5 to two or more items and have significant daytime impairment the insomnia requires further evaluation and management. If there is no evidence of a primary sleep disorder and/or no identifiable secondary cause of insomnia, this is conditioned insomnia.
- 2:** Patients who answer 4 or 5 on questions 6-9 should be further screened for psychiatric disorders as you would in your practice. Question 9 refers to somatization which is commonly associated with insomnia and may reflect an underlying somatoform disorder which requires specific treatment.
- 3:** Patients who answer 4 or 5 on question 11 likely have a circadian rhythm disorder. Further questioning about shift work or a preference for a delayed sleep phase should be done.
- 4:** An answer of 4 or 5 on either item is significant and likely contributing to the patient's symptoms of insomnia or non-restorative sleep. Question 12 refers to restless legs syndrome and question 13 refers to periodic limb movement disorder.
- 5:** An answer of 2 - 5 on question 14 should raise concern especially if the event or movement is violent or potentially injurious to the patient or bed partner.
- 6:** Answering 4 or 5 on questions 15 or 16 alone requires further clinical evaluation for sleep apnea. An answer of above 3 on questions 15 and 16 or 15 and 17 is also suspicious for sleep apnea and further evaluation should be done.

PRIMARY INSOMNIA EVALUATION

The primary insomnia evaluation provides the clinician with a structured approach to the clinical evaluation of the patient's sleep. The sample questions can be used to characterize those aspects of the patients sleep behaviour that contribute to the insomnia.

	Sample Questions
1. What is the nature and severity of the problem?	<ul style="list-style-type: none"> • Do you have difficulty falling asleep? • Do you have difficulty staying asleep? • When you wake during the night do you have trouble getting back to sleep? • Do you take anything to help you sleep? • Does your sleep difficulty affect your ability to function through the day?
2. Is the patient's sleep environment hostile to sleep?	<ul style="list-style-type: none"> • Is there anything in your home that disrupts your sleep such as infant (s), noise, lights, partner snoring, TV, pets? • Do you feel safe in your sleep environment?
3. Does the patient's sleep routine perpetuate their conditioned insomnia?	<ul style="list-style-type: none"> • What time do you get in to bed and try to sleep? • What time in the morning do you get out of bed for the day? • So you are spending xx hours in bed trying to sleep, is that correct? • Out of the xx hours in bed, how many are you actually sleeping? • Do you go to bed and get up at the same time every day including holidays and weekends? - how does it differ? • Do you sleep during the day or evening (watching TV, after eating)
4. Does the patient have maladaptive behaviours and/or beliefs that perpetuate a state of heightened arousal?	<ul style="list-style-type: none"> • Do you use/consume nicotine, caffeine, alcohol or other stimulants (i.e., Ginseng or Sudafed) prior to bedtime? • When you wake up in the night do you eat or smoke? • What is your pre-bedtime routine? (For example, exercise, computer use, eating) • When you wake up at night do you watch/check the clock? • How much sleep do you believe you need per night?