SCOPA-SLEEP

By means of this questionnaire, we would like to find out to what extent *in the past month* you have had problems with sleeping. Some of the questions are about problems with sleeping *at night*, such as, for example, not being able to fall asleep or not managing to sleep on. Another set of questions is about problems with sleeping *during the day*, such as dozing off (too) easily and having trouble staying awake.

A. Use of sleeping tablets

A1. How often did you use sleeping tablets in the last months?

(prescribed by a physician or not)

☐	☐	☐	☐
not at all	less than once a week	once or twice a week	more than 3 times a week

A2. Which sleeping tablets did you use in the last month?

name: _____ amount per month: _____ dose per tablet: _____

name: _____ amount per month: _____ dose per tablet: _____

name: _____ amount per month: _____ dose per tablet: _____

B. Sleeping at night

The questions below are for everyone and concern sleeping at night. If you have been using sleeping tablets, then the answer should reflect how you have slept while taking these tablets.

B1. In the past month, have you had trouble falling asleep when you went to bed at night?

☐ not at all ☐ a little ☐ quite a bit ☐ a lot

B2. In the past month, to what extent do you feel that you have woken *too often*?

☐ not at all ☐ a little ☐ quite a bit ☐ a lot

B3. In the past month, to what extent do you feel that you have been lying awake for *too long* at night?

☐ not at all ☐ a little ☐ quite a bit ☐ a lot

B4. In the past month, to what extent do you feel that you have woken up *too early* in the morning?

☐ not at all ☐ a little ☐ quite a bit ☐ a lot

B5. In the past month, to what extent do you feel you have had *too little* sleep at night?

☐ not at all ☐ a little ☐ quite a bit ☐ a lot

C1. Overall, how well have you slept at night during the past month?

☐ very well ☐ well ☐ rather well ☐ not well but not badly ☐ rather badly ☐ badly ☐ very badly

D. Sleeping during the day and the evening

D1. How often in the past month have you fallen asleep unexpectedly either during the day or in the evening?

☐ never ☐ sometimes ☐ regularly ☐ often

D2. How often in the past month have you fallen asleep while sitting peacefully?

☐ never ☐ sometimes ☐ regularly ☐ often

D3. How often in the past month have you fallen asleep while watching TV or reading?

☐ never ☐ sometimes ☐ regularly ☐ often

D4. How often in the past month have you fallen asleep while talking to someone?

☐ never ☐ sometimes ☐ regularly ☐ often

D5. In the past month, have you had trouble staying awake during the day or in the evening?

☐ never ☐ sometimes ☐ regularly ☐ often

D6. In the past month, have you experienced falling asleep during the day as a problem?

☐ never ☐ sometimes ☐ regularly ☐ often