

## SDS-CL

Subject ID# _____  Date: _____	NEVER	ONCE A YEAR	ONCE A MONTH	ONCE A WEEK	> 3 TIMES / WEEK
It Takes Me 30 Or More Minutes To Fall Asleep					
I Wake Up For 30 Or More Minutes During The Night					
I Wake Up 30 Or More Minutes Prior To My Alarm					
I Prefer To Go To Bed Early (Before 10) And Wake Up Early (Before 5:30)					
I Prefer To Go To Bed Late(After 1) And Wake Up Late (After 9am)					
I Am Prone To Fall Asleep At Inappropriate Times Or Places					
I Wake Up With Headaches In The Morning					
I Wake Up With A Dry Mouth In The Morning (Cotton Mouth)					
I Snore					
My Snoring Is So Loud, That My Bedpartner Complains					
I Wake Up Choking Or Gasping For Air					
My Bedpartner Has Noticed That I Seem To Stop Breathing					
I Get Uncomfortable Sensations In My Legs					
In The Evening My Legs Feel "Restless"					
I Often Feel That I Have To Get Up And Walk Around					
I Have Been Told That I Am A Restless Sleeper					
My Bedpartner Complains That I Move Around A Lot At Night					
When Excited (E.G., Anger Or Humored) I Feel Physically Weak					
When I Am Falling Asleep, I Experience Scary Dream Like Images					
When I Am First Awakening, I Experience Scary Dream Like Images					
When I Am First Awakening, I Feel Like I Can't Move					
I Have Nightmares, Particularly In The First ½ Of The Night					
I Have Nightmares, Particularly In The Latter ½ Of The Night					
For No Reason, I Awaken Suddenly, Startled, And Feeling Afraid					