

## 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)

- |                          |                          |                          |                             |
|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| not at all               | less than once<br>a week | once or twice a<br>week  | more than 3<br>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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not at all	a little	quite a bit	a lot

## C. Global evaluation of sleeping at night

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

Use of this questionnaire in studies should be communicated to the International Parkinson and Movement Disorder Society (MDS). No changes may be made to the questionnaire without written permission from MDS. Please use the following reference in publications: Marinus J, Visser M, van Hilten JJ, Lammers GJ, Stiggelbout AM. Assessment of sleep and sleepiness in Parkinson disease. *SLEEP* 2003;26:1049-1054.

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