

# SCISD - R

Structured  
Clinical  
Interview for  
**Sleep  
Disorders**  
*Revised*

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**STRUCTURED CLINICAL INTERVIEW FOR SLEEP DISORDERS - REVISED (SCISD-R)**

**Medical History**

Please list any **medical problems** that you are currently experiencing:


Please list any **mental health problems** that you are currently experiencing:


**Medications and substances** can impact sleep. Are you taking or using any of the following? (check all that apply):

- Prescriptions or over-the-counter medications
- Melatonin
- Alcohol
- No medications or substances (skip to next page)
- Caffeine (include workout supplements)
- Nicotine
- Illicit drugs or prescriptions that aren't yours

Please provide details for any medications or substances you are taking:

Name	What do you take it for?	How often do you take it?	How much do you take (dose)?	How long have you been taking it for?

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/ID: _____	Date: _____	Evaluator: _____
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What are your **main concerns** about your sleep? \_\_\_\_\_

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Please answer the following questions about your sleep on a <b>typical work night</b> (e.g., week night):	<b>Work Nights</b> (e.g., Week Night)
1. What time do you get into bed, on average?	AM/PM
2. What time do you try to go to sleep, on average?	AM/PM
3. Once you start trying to go to sleep, how long does it take you to fall asleep, on average?	____ hrs ____ min
4. How many times do you typically wake up, not counting your final awakening, on average?	
5. How long do these awakenings last (in total), on average?	____ hrs ____ min
6. What time is your final awakening, on average?	AM/PM
7. What time do you usually get out of bed for the day, on average?	AM/PM
8. How often do you nap or doze during your work days/weekdays?  (if any) For how long? _____ Are these naps intentional? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ naps per week
9. How would you rate the average quality of your sleep on a work night/week night?	<input type="checkbox"/> Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good
10. How long have you slept this way?	____ yrs ____ mos ____ wks

For interviewer/therapist use:	
Estimated work night <b>Time in Bed:</b>	
Estimated work night <b>Total Sleep Time:</b>	

**CONTINUE ON NEXT PAGE**

Name/ID: _____	Date: _____	Evaluator: _____
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Is your sleep the **same** on the days you work/week days as it is on off days/weekend?  Yes  No  
 If YES: Continue to question 11.  
 If NO: Skip to question 21.

Please answer the following questions about your sleep on a <b>typical night off of work</b> (e.g., weekend night):	<b>Off Work Nights</b> (e.g., Weekend Night)
11. What time do you get into bed, on average?	AM/PM
12. What time do you try to go to sleep, on average?	AM/PM
13. Once you start trying to go to sleep, how long does it take you to fall asleep, on average?	_____hrs _____min
14. How many times do you typically wake up, not counting your final awakening, on average?	
15. How long do these awakenings last (in total), on average?	_____hrs _____min
16. What time is your final awakening, on average?	AM/PM
17. What time do you usually get out of bed for the day, on average?	AM/PM
18. How often do you nap or doze during your off days/weekend days?  (if any) For how long? _____ Are these naps intentional? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____naps per week
19. How would you rate the average quality of your sleep on an off work night/weekend?	<input type="checkbox"/> Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good
20. How long have you slept this way?	_____yrs _____mos _____wks

**CONTINUE HERE**

21. If you work shift work or otherwise have an irregular sleep schedule, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. If you had no responsibilities, what time would your body tell you to go to sleep and wake up?  
 \_\_\_\_\_AM/PM to \_\_\_\_\_AM/PM

23. Is there anything else that I should know about your sleep schedule? \_\_\_\_\_  
 \_\_\_\_\_

For interviewer/therapist use:	
Estimated off work night <b>Time in Bed:</b>	
Estimated off work night <b>Total Sleep Time:</b>	

**CRITERIA FOR INSOMNIA DISORDER**

<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>			
<b>1. [If not known]</b> Do you ever have difficulty falling asleep, staying asleep, or waking up too early in the morning? [Note. “Difficulty” is typically defined as $\geq 30$ minutes]	<b>1.</b> A predominant complaint of dissatisfaction with sleep quantity or quality, associated with one (or more) of the following symptoms: <input type="checkbox"/> Difficulty initiating sleep. <input type="checkbox"/> Difficulty maintaining sleep (i.e., frequent awakenings or problems returning to sleep after awakenings). <input type="checkbox"/> Early-morning awakening with inability to return to sleep.	?	1	2	3
<b>2.</b> How many nights a week do you have difficulty falling or staying asleep?	<b>2.</b> The sleep difficulty occurs $\geq 3$ nights per week.	?	1	2	3
<b>3.</b> How long have you had difficulty falling or staying asleep at least 3 nights per week?	<b>3.</b> The episode lasted $\geq 3$ months.	?	1	2	3
<b>4a.</b> How much does this sleep problem interfere with your life?	<b>4.</b> The sleep disturbance causes clinically significant distress OR impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning.	?	1	2	3
<b>4b.</b> How does this sleep problem impact you during the day? For example, does this sleep problem cause fatigue, decreased energy, mood problems, worries about sleep loss, or interfere with work, family, or social interactions?					
<b>5a. [If not known]</b> Do you think you have enough time to sleep?	<b>5.</b> The sleep difficulty occurs despite adequate opportunity [e.g., lasting at least 7 hours] for sleep.	?	1	2	3
<b>OR</b> <b>5b. [If not known]</b> Do you think you would have this sleep problem if you had at least 7 hours to sleep?					
<b>6. [Refer to pg 1]</b> How do you think the medications (or substances) you are taking impact your difficulty sleeping?	<b>6.</b> The insomnia is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).	?	1	2	3
<b>7. [Refer to pg 1]</b> How do you think your other health problem(s) impact your difficulty sleeping?	<b>7.</b> Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia.	?	1	2	3

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

<b>Insomnia Disorder</b>	<b>IF 3 FOR ALL CRITERIA ABOVE.</b>	?	1	2	3
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**Note.** According to DSM-5, “When a complaint of nonrestorative sleep occurs in isolation (i.e., in the absence of difficulty initiating and/or maintaining sleep) but all diagnostic criteria with regard to frequency, duration, and daytime distress and impairments are otherwise met, a diagnosis of other specified insomnia disorder or unspecified insomnia disorder is made” (p. 363).

The DSM-5 does not define “adequate opportunity for sleep” in the insomnia disorder diagnostic criteria, but does indicate “despite a main sleep period lasting at least 7 hours” in the hypersomnolence disorder diagnostic criteria, so this example was used in the above definition.

The DSM-5 does not operationally define what constitutes a difficulty initiating or maintaining sleep. Many researchers consider at least 30 minutes to constitute a difficulty. [See Edinger, J. D., Bonnet, M. H., Bootzin, R. R., Doghramji, K., Dorsey, C. M., Espie, C. A., ... & Stepanski, E. J. (2004). Derivation of research diagnostic criteria for insomnia: report of an American Academy of Sleep Medicine Work Group. *Sleep*, 27(8), 1567-1596. and Lichstein, K. L., Durrence, H. H., Taylor, D. J., Bush, A. J., & Riedel, B. W. (2003). Quantitative criteria for insomnia. *Behaviour Research and Therapy*, 41(4), 427-445.]

DSM-5 specifies that insomnia “may occur during the course of another mental disorder or medical condition, or it may occur independently” (p. 363).



**CRITERIA FOR HYPERSOMNOLENCE DISORDER**

***ASK ONLY IF PATIENT REPORTS SLEEPING AT LEAST 7 HOURS PER NIGHT ON AVERAGE***

<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>			
<b>1a. [If not known]</b> Would you say you are excessively sleepy?	1a. Self-reported excessive sleepiness (hypersomnolence) despite a main sleep period lasting at least 7 hours, with <b>at least one</b> of the following symptoms:	?	1	2	3
<b>1b. [If not known]</b> Do you frequently take naps or fall asleep unintentionally during the day?	<input type="checkbox"/> 1b. Recurrent periods of sleep or lapses into sleep within the same day.				
<b>1c. [If main sleep episode &gt; 9 hours]</b> Would you say that your sleep is nonrestorative or unrefreshing?	<input type="checkbox"/> 1c. A prolonged main sleep episode of more than 9 hours per day that is nonrestorative (i.e., unrefreshing).				
<b>1d.</b> Do you find it difficult to be fully awake after sudden awakenings?	<input type="checkbox"/> 1d. Difficulty being fully awake after abrupt awakening.				
<b>2.</b> How often does this sleepiness occur?	<b>3.</b> The hypersomnolence occurs $\geq 3$ times per week.	?	1	2	3
<b>3.</b> How long have you had this sleep problem?	<b>3.</b> The episode has lasted $\geq 3$ months.	?	1	2	3
<b>4.</b> How much does this sleepiness interfere with your life? For example, do you have significant difficulty waking up, or does daytime sleepiness interfere with work, family, or social interactions?	<b>4.</b> The hypersomnolence is accompanied by significant distress or impairment in cognitive, social, occupational, or other important areas of functioning.	?	1	2	3
<b>5. [Refer to pg 1]</b> How do you think the medications (or substances) you are taking impact your sleepiness?	<b>5.</b> The hypersomnolence is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).	?	1	2	3
<b>6. [Refer to pg 1]</b> How do you think your other health problem(s) impact your sleepiness?	<b>6.</b> Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of hypersomnolence.	?	1	2	3
<b>IF 1 FOR ANY ITEM, GO TO NEXT SECTION.</b>					
<b>Hypersomnolence Disorder</b>	<b>IF 3 FOR ALL CRITERIA ABOVE.</b>	?	1	2	3

**CIRCADIAN RHYTHM SLEEP-WAKE DISORDERS**

**ASK ONLY IF PATIENT REPORTS INSOMNIA OR HYPERSOMNOLENCE SYMPTOMS**

<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>			
<b>Delayed Sleep Phase Type</b>					
		?	1	2	3
<b>1a. [If not known]</b> Do you often fall asleep later than most people do, for example at 1:00 am or later?	<b>1.</b> A pattern of delayed sleep onset and awakening times (usually more than 2 hours), with an inability to fall asleep and awaken at a desired or conventionally acceptable earlier time.				
<b>1b. [If not known]</b> Do you <i>also</i> have difficulty getting up at 9:00 am or earlier?					
<b>Advanced Sleep Phase Type</b>					
		?	1	2	3
<b>2a. [If not known]</b> Do you often fall asleep earlier than most people do, for example at 9:00 pm or earlier?	<b>2.</b> A pattern of advanced sleep onset and awakening times (usually more than 2 hours), with an inability to remain awake or asleep until the desired or conventionally acceptable later sleep or wake times.				
<b>2b. [If not known]</b> Do you <i>also</i> often wake up at 5:00 am or earlier without an alarm?					
<b>Shift Work Type</b>					
		?	1	2	3
<b>3.</b> Do you work shift work or the night shift on a regular basis (e.g., shift starts before 6:00 am or ends after 9:00 pm)?	<b>3.</b> Insomnia during the major sleep period and/or excessive sleepiness (including inadvertent sleep) during the major awake period associated with shift work schedule (i.e., requiring unconventional work hours).				
<b>Irregular Sleep-Wake Type</b>					
		?	1	2	3
<b>4. [If not known]</b> Do you tend to take several naps in a 24-hour period rather than sleeping 6 to 8 hours at a time?	<b>4.</b> A temporally disorganized sleep-wake pattern, such that the timing of sleep and wake periods is variable throughout the 24-hour period.				
<b>Non-24-Hour-Sleep-Wake Type</b>					
		?	1	2	3
<b>5. [If not known]</b> Do you seem to only be able to get enough sleep if you go to bed and get up later and later each day?	<b>5.</b> A pattern of sleep-wake cycles that is not synchronized to the 24-hour environment, with a consistent daily drift (usually to later and later times) of sleep onset and wake times.				
<b>IF 1 FOR ALL, GO TO NEXT SECTION.</b>					
		?	1	2	3
<b>6.</b> Do you think this schedule is the main reason you are having problems with sleep and/or sleepiness?	<b>6.</b> A persistent or recurrent pattern of sleep disruption leading to <u>excessive sleepiness</u> , <u>insomnia</u> , or <u>both</u> that is primarily due to a misalignment between the endogenous circadian rhythm and the sleep-wake schedule required by an individual's physical environment or social or professional schedule.				
		?	1	2	3
<b>7.</b> How much do these problems with sleep and/or sleepiness interfere with your life? For example, does this sleep pattern cause fatigue, decreased energy, mood problems, or interfere with work, family, or social interactions?	<b>7.</b> The sleep disturbances causes clinically significant distress or impairment in social, occupational, and other important areas of functioning.				
<b>Circadian Rhythm Sleep-Wake Disorder IF 3 FOR ANY OF 1-5 AND BOTH 6 &amp; 7.</b>					
		?	1	2	3
<b>8. [If not known]</b> How many nights a week does this sleep problem occur?					
<b>9. [If not known]</b> How long have you had this sleep problem?					

Note. DSM-5 does not specify bed times and wake times for Delayed Sleep Phase Type and Advanced Sleep Phase Type. The suggested times in the Questions are based on Thomas, S. J., Lichstein, K. L., Taylor, D. J., Riedel, B. W., & Bush, A. J. (2014). Epidemiology of bedtime, arising time, and time in bed: analysis of age, gender, and ethnicity. *Behavioral Sleep Medicine, 12*(3), 169-182, doi:10.1080/15402002.2013.778202.

? = insufficient information; 1 = Absent (no); 2 = Subthreshold (uncertain); 3 = Threshold (yes)

<b>OBSTRUCTIVE SLEEP APNEA HYPOPNEA SYNDROME</b>					
<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>			
		<b>ASK ALL QUESTIONS</b>			
		<b>?</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>1.</b> Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	<b>1.</b> Nocturnal breathing disturbances: snoring or snorting/gasping.	?	1	2	3
<b>2.</b> Has anyone observed you stop breathing during your sleep?	<b>2.</b> Nocturnal breathing disturbances: breathing pauses during sleep.	?	1	2	3
<b>3. [If not known]</b> Do you often feel tired, fatigued, or sleepy during the daytime?	<b>3.</b> Daytime sleepiness, fatigue, or unrefreshing sleep despite sufficient opportunities to sleep that is not better explained by another mental disorder (including a sleep disorder) and is not attributable to another medical condition.	?	1	2	3
<b>4. [If not known]</b> Do you have, or are you being treated, for high blood pressure?	<b>4.</b> High blood pressure	?	1	2	3
<b>Possible Obstructive Sleep Apnea</b>	<b>IF 3 FOR <math>\geq</math> 2 CRITERIA FROM ABOVE.</b>	<b>?</b>	<b>1</b>	<b>2</b>	<b>3</b>
Confirmed with PSG? PSG date? ____/____; Apnea hypopnea index (AHI): _____		?	1	2	3
<b>Definite Obstructive Sleep Apnea</b>	Diagnosed with PSG	<b>?</b>	<b>1</b>	<b>2</b>	<b>3</b>

**Note.** PSG = polysomnography. Overnight polysomnography is required to diagnose obstructive sleep apnea. The questions above are based on the STOP questionnaire (Chung, F., Yegneswaran, B., Liao, P., Chung, S. A., Vairavanathan, S., Islam, S., ... & Shapiro, C. M. (2008). STOP Questionnaire: A tool to screen patients for obstructive sleep apnea. *Anesthesiology: The Journal of the American Society of Anesthesiologists*, 108(5), 812-821. doi:10.1097/ALN.0b013e31816d83e4)

**RESTLESS LEGS SYNDROME**

<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>			
<b>1a.</b> Do you often have a very strong urge to move your legs? <b>[If yes]</b> Tell me about that.	<b>1.</b> An urge to move the legs, usually accompanied by or in response to uncomfortable and unpleasant sensations in the legs.	?	1	2	3
<b>1b.</b> Is this urge accompanied by an unpleasant sensation in your legs such as crawling, tingling, drawing, restlessness, or “electric” sensations?					
<b>2.</b> Does this urge begin or worsen when you are resting or being inactive?	<b>2.</b> The urge to move the legs begins or worsens during periods of rest or inactivity.	?	1	2	3
<b>3.</b> Is the discomfort relieved by movement?	<b>3.</b> The urge to move the legs is partially or totally relieved by movement.	?	1	2	3
<b>4.</b> Are the symptoms worse in the evening or at night?	<b>4.</b> The urge to move the legs is worse in the evening or at night than during the day, or occurs only in the evening or at night.	?	1	2	3
<b>5.</b> Do you think these symptoms might just be because you are in an uncomfortable position? Are they just a nervous habit like foot tapping?	<b>5.</b> The restless legs symptoms are not better explained by a behavioral condition (e.g., positional discomfort, habitual foot tapping).	?	1	2	3
<b>6.</b> How many nights a week does this occur?	<b>6.</b> The sleep difficulty occurs $\geq 3$ times per week.	?	1	2	3
<b>7.</b> How long have you had this sleep problem?	<b>7.</b> The sleep difficulty has persisted for $\geq 3$ months.	?	1	2	3
<b>8.</b> How much do these symptoms interfere with your life or sleep? For example, does this sleep problem cause difficulties falling or staying asleep or interfere with work, family, or social interactions?	<b>8.</b> The symptoms are accompanied by significant distress or impairment in sleep, social, occupational, educational, academic, behavioral or other important areas of functioning.	?	1	2	3
<b>9. [Refer to pg 1]</b> How do you think the medications (or substances) you are taking impact these restless legs symptoms?	<b>9.</b> The restless legs symptoms are not attributable to the physiological effects of a drug of abuse or medication (e.g., akathisia).	?	1	2	3
<b>10. [Refer to pg 1]</b> How do you think your other health problem(s) impact these restless legs symptoms?	<b>10.</b> The restless legs symptoms are not attributable to another mental disorder or medical condition (e.g., arthritis, leg edema, peripheral ischemia, leg cramps).	?	1	2	3
<b>IF 1 FOR ANY ITEM, GO TO NEXT SECTION.</b>					
<b>Restless Legs Syndrome</b>	<b>IF 3 FOR ALL CRITERIA ABOVE.</b>	?	1	2	3

<b>NIGHTMARE DISORDER</b>					
<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>			
<b>1a. [If not known]</b> Do you frequently have disturbing dreams?	<b>1a and 1b.</b> Repeated occurrences of extended, extremely dysphoric, and well-remembered dreams	?	1	2	3
<b>1b.</b> Do you remember these disturbing dreams?	<b>[1c-e are not required for a score of 3]</b> <input type="checkbox"/> 1c. That usually involve efforts to avoid threats to survival, security, or physical integrity and <input type="checkbox"/> 1d. That generally occur during the second half of the major sleep episode. <input type="checkbox"/> 1e. That usually terminate with awakening and rapid return of full alertness.				
<b>1c.</b> What are the dreams about?					
<b>1d.</b> About what time of night does this happen?					
<b>1e.</b> Do these disturbing dreams typically cause you to wake up?					
<b>2.</b> Once you wake up from these dreams, do you quickly become alert and realize that you were having a dream?		<b>2.</b> On awakening from the dysphoric dreams, the individual rapidly becomes oriented and alert.	?	1	2
<b>3.</b> How much do these disturbing dreams interfere with your life or sleep? For example, do the disturbing dreams make it difficult to fall or stay asleep, impact your mood during the day, or interfere with work, family, or social interactions?	<b>3.</b> The sleep disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.	?	1	2	3
<b>4. [Refer to pg 1]</b> How do you think the medications (or substances) you are taking impact these disturbing dreams?	<b>4.</b> The nightmare symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).	?	1	2	3
<b>5. [Refer to pg 1]</b> How do you think your other health problem(s) impact these disturbing dreams?	<b>5.</b> Coexisting mental and medical disorders do not adequately explain the predominant complaint of dysphoric dreams.	?	1	2	3
<b>IF 1 FOR ANY ITEM, GO TO NEXT SECTION.</b>					
<b>Nightmare Disorder</b>	<b>IF 3 FOR ALL CRITERIA ABOVE.</b>	?	1	2	3
<b>6.</b> How often do you have disturbing dreams that you remember?					
<b>7.</b> How long have you had disturbing dreams at this frequency?					

**Note.** According to DSM-5, “Nightmares usually terminate with awakening and rapid return of full alertness. However, the dysphoric emotions may persist into wakefulness and contribute to difficulty returning to sleep and lasting daytime distress. Some nightmares, known as ‘bad dreams,’ may not induce awakening and are recalled only later.” (p. 363)

? = insufficient information; 1 = Absent (no); 2 = Subthreshold (uncertain); 3 = Threshold (yes)

**NON-RAPID EYE MOVEMENT (REM) SLEEP AROUSAL DISORDERS: SLEEPWALKING TYPE**  
**RECURRENT EPISODES OF INCOMPLETE AWAKENING FROM SLEEP, USUALLY OCCURRING DURING**  
**THE FIRST THIRD OF THE MAJOR SLEEP EPISODE, ACCOMPANIED BY THE FOLLOWING:**

<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>
<b>1a.</b> Do others tell you that you get out of bed and walk around during your sleep? <b>1b.</b> About what time of night does this happen?	<b>1.</b> Repeated episodes of rising from bed during sleep and walking about. While sleepwalking, the individual has a blank, staring face. This generally occurs in the first third of the major sleep episode.	? 1 2 3
<b>2a.</b> Do you tend to be unresponsive to others during sleep walking? <b>2b.</b> Do others find you difficult to awaken during these episodes?	<b>2.</b> Relatively unresponsive to the efforts of others to communicate with him or her; and can be awakened only with great difficulty.	? 1 2 3
<b>3.</b> Do you have <i>difficulty</i> recalling any dreams during these episodes?	<b>3.</b> No or little (e.g., only a single visual scene) dream imagery is recalled.	? 1 2 3
<b>4.</b> Do you have <i>difficulty</i> remembering these episodes?	<b>4.</b> Amnesia for the episodes is present.	? 1 2 3
<b>5.</b> How much does sleep walking bother you or others in your household or interfere with your life or sleep? For example, do the sleepwalking episodes interfere with work, family, or social interactions?	<b>5.</b> The episodes cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	? 1 2 3
<b>6. [Refer to pg 1]</b> How do you think the medications (or substances) you are taking impact the sleep walking?	<b>6.</b> The sleepwalking is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).	? 1 2 3 <b>[Reverse Score]</b>
<b>7. [Refer to pg 1]</b> How do you think your other health problem(s) impact the sleep walking?	<b>7.</b> Coexisting mental disorders and medical conditions do not adequately explain the episodes of sleepwalking.	? 1 2 3 <b>[Reverse Score]</b>
<b>IF 1 FOR ANY ITEM, GO TO NEXT SECTION.</b>		
<b>Non-REM Sleep Arousal Disorder, Sleepwalking type</b>	<b>IF 3 FOR ALL CRITERIA ABOVE.</b>	? 1 2 3
<b>8. [If not known]</b> Do you eat food or other non-food materials during these episodes?	<b>8.</b> Unwanted recurrent episodes of eating with varying degrees of amnesia, ranging from no awareness to full awareness without the ability to not eat. During these episodes, inappropriate foods may be ingested. Individuals may find evidence of their eating only the next morning.	? 1 2 3
<b>Specify: With sleep-related eating</b>	<b>IF YES TO QUESTION 8.</b>	? 1 2 3
<b>9. [If not known]</b> Do you engage in sexual behavior without awareness during these episodes?	<b>9.</b> Varying degrees of sexual activity (e.g., masturbation, fondling, groping, sexual intercourse) occur as complex behaviors arising from sleep without conscious awareness.	? 1 2 3
<b>Specify: With sleep-related sexual behavior (sexsomnia)</b>	<b>IF YES TO QUESTION 9.</b>	? 1 2 3
<b>10.</b> How many nights a week does this sleep problem occur?		
<b>11.</b> How long have you had this sleep problem?		

? = insufficient information; 1 = Absent (no); 2 = Subthreshold (uncertain); 3 = Threshold (yes)

**NON-RAPID EYE MOVEMENT (REM) SLEEP AROUSAL DISORDERS: SLEEP TERROR TYPE**  
***RECURRENT EPISODES OF INCOMPLETE AWAKENING FROM SLEEP, USUALLY OCCURRING DURING THE FIRST THIRD OF THE MAJOR SLEEP EPISODE, ACCOMPANIED BY THE FOLLOWING:***

<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>			
<b>1a. [If not known]</b> Do others tell you that you sometimes seem to awaken at night with intense fear or terror? <b>[If nightmares are endorsed clarify “aside from a nightmare”]</b>	<b>1.</b> Recurrent episodes of abrupt terror arousals from sleep, usually occurring during the first third of the major sleep episode and beginning with a panicky scream. There is intense fear and signs of autonomic arousal, such as mydriasis, tachycardia, rapid breathing, and sweating, during each episode. This generally occurs in the first third of the major sleep episode.	?	1	2	3
<b>1b. [If not known]</b> About what time of night does this happen?					
<b>2a.</b> Do you tend to be unresponsive to others during these episodes?	<b>2.</b> Relative unresponsiveness to efforts of others to comfort the individual during the episodes.	?	1	2	3
<b>2b.</b> Do others find you difficult to awaken during these episodes?					
<b>3.</b> Do you have <i>difficulty</i> recalling any dreams during these episodes?	<b>3.</b> No or little (e.g., only a single visual scene) dream imagery is recalled.	?	1	2	3
<b>4.</b> Do you have <i>difficulty</i> remembering these episodes?	<b>4.</b> Amnesia for the episodes is present.	?	1	2	3
<b>5.</b> How much do these episodes bother you or others in your household or interfere with your life or sleep? For example, do the sleep terror episodes interfere with work, family, or social interactions?	<b>5.</b> The episodes cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	?	1	2	3
<b>6. [Refer to pg 1]</b> How do you think the medications (or substances) you are taking impact these episodes?	<b>6.</b> The sleep terrors are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).	?	1	2	3
<b>7. [Refer to pg 1]</b> How do you think your other health problem(s) impact these episodes?	<b>7.</b> Coexisting mental disorders and medical conditions do not adequately explain the episodes of sleep terrors.	?	1	2	3

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

<b>Non-REM Sleep Arousal Disorder, Sleep terror type</b>	<b>IF 3 FOR ALL CRITERIA ABOVE.</b>	?	1	2	3
<b>8.</b> How many nights a week does this sleep problem occur?					
<b>9.</b> How long have you had this sleep problem?					

**REM SLEEP BEHAVIOR DISORDER**

<u>QUESTION</u>	<u>CRITERIA</u>	<u>PRESENT</u>			
<b>1. [If not known]</b> Have you ever done anything unusual during sleep like acting out a dream?	<b>1.</b> Repeated episodes of arousal during sleep associated with vocalization and/or complex motor behaviors.	?	1	2	3
<b>2.</b> About what time of night does this happen?  Does this ever happen during naps?	<b>2.</b> These behaviors arise during rapid eye movement (REM) sleep and therefore usually occur more than 90 minutes after sleep onset, are more frequent during the later portions of the sleep period, and uncommonly occur during daytime naps.	?	1	2	3
<b>3.</b> Do you become immediately alert and oriented when you wake up from these episodes?	<b>3.</b> Upon awakening from these episodes, the individual is completely awake, alert, and not confused or disoriented.	?	1	2	3
<b>4a.</b> How much do these episodes bother you or others in your household or interfere with your life or sleep? For example, have you ever injured yourself or someone else during these events? Do these episodes distress others in your household or cause you embarrassment?	<b>4.</b> The behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (which may include injury to self or the bed partner).	?	1	2	3
<b>5. [Refer to pg 1]</b> How do you think the medications (or substances) you are taking impact these behaviors?	<b>5.</b> The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).	?	1	2	3
<b>6. [Refer to pg 1]</b> How do you think your other health problem(s) impact these behaviors?	<b>6.</b> Coexisting mental disorders and medical conditions do not explain the episodes.	?	1	2	3

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

<b>Possible REM Sleep Behavior Disorder</b>	<b>IF 3 FOR ALL CRITERIA ABOVE.</b>	?	<b>1</b>	<b>2</b>	<b>3</b>
Confirmed by Polysomnography? ___/___	REM sleep without atonia on polysomnographic recording.	?	1	2	3
Established Synucleinopathy Diagnosis? ___/___	A history suggestive of REM sleep behavior disorder and an established synucleinopathy diagnosis (e.g., Parkinson's disease, multiple system atrophy).	?	1	2	3
<b>Definite REM Sleep Behavior Disorder</b>	Diagnosed with PSG <b>OR</b> meets all criteria above and has confirmed diagnosis of synucleinopathy	?	<b>1</b>	<b>2</b>	<b>3</b>
<b>7.</b> How many nights a week does this sleep problem occur?					
<b>8.</b> How long have you had this sleep problem?					



**NARCOLEPSY**

***ASK ONLY IF PATIENT MEETS CRITERIA FOR HYPERSOMNOLENCE DISORDER***

<b>QUESTION</b>	<b>CRITERIA</b>	<b>PRESENT</b>			
<b>1a. [If not known]</b> Do you suffer from daytime sleepiness?	<b>1.</b> Recurrent periods of an irrepressible need to sleep, lapsing into sleep, or napping occurring within the same day.	?	1	2	3
<b>1b. [If not known]</b> Do you frequently fall asleep unintentionally during the day?					
<b>2a.</b> Do you ever experience sudden muscle weakness or paralysis when you become angry, amused, or emotionally excited?	<b>2.</b> Episodes of cataplexy occurring at least a few times per month defined as either: (a) In individuals with long-standing disease, brief (seconds to minutes) episodes of sudden bilateral loss of muscle tone with maintained consciousness that are precipitated by laughter or joking OR (b) In children or individuals within 6 months of onset, spontaneous grimaces or jaw-opening episodes with tongue thrusting or a global hypotonia, without any obvious emotional triggers.	?	1	2	3
<b>2b.</b> Does this weakness affect both sides of your body?					
<b>2c.</b> How long do these episodes typically last?					
<b>3.</b> How many nights a week does this problem occur?	<b>3.</b> The sleep difficulty occurs $\geq 3$ nights per week.	?	1	2	3
<b>4.</b> How long have you had this sleep problem?	<b>4.</b> The episode lasted $\geq 3$ months.	?	1	2	3

**IF 1 FOR ANY ITEM, GO TO NEXT SECTION.**

<b>Possible Narcolepsy</b>	<b>IF 3 FOR ALL CRITERIA ABOVE.</b>	<b>?</b>	<b>1</b>	<b>2</b>	<b>3</b>
Confirmed by polysomnography? PSG date: ___/___		?	1	2	3
Confirmed by cerebrospinal fluid? CSF date: ___/___		?	1	2	3
<b>Definite Narcolepsy</b>	The presence of <b>at least one</b> : 1. Cataplexy (Criteria 2) 2. Diagnosed with PSG 3. Diagnosed with CSF	<b>?</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>5.</b> How many days a week do you fall asleep unintentionally or need multiple naps or have muscle weakness?					
<b>6.</b> How long have you had this sleep problem?					

? = insufficient information; 1 = Absent (no); 2 = Subthreshold (uncertain); 3 = Threshold (yes)

**STRUCTURED CLINICAL INTERVIEW FOR DSM-5 SLEEP DISORDERS-REVISED (SCISD-R)**

Module	Specify:		
<b>Insomnia Disorder</b>	Rate 3 only if the insomnia is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (e.g., narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, a parasomnia).	? 1 2 3	
	<input type="checkbox"/> Episodic (1-3 mo) <sup>a</sup> <input type="checkbox"/> Persistent (≥ 3 mo) <input type="checkbox"/> Recurrent (≥ 2 episodes in 1 year)		
	<input type="checkbox"/> With non-sleep disorder mental comorbidity (including substance use disorders) <input type="checkbox"/> With other medical comorbidity <input type="checkbox"/> With other sleep disorder		
	Currently using medications for insomnia? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, medications sufficiently treat insomnia? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Hypersomnolence Disorder</b>	Rate 3 only if the hypersomnolence is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (e.g., narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, a parasomnia).	? 1 2 3	
	<input type="checkbox"/> With mental disorder <input type="checkbox"/> With medical condition <input type="checkbox"/> With another sleep disorder		
	<input type="checkbox"/> Mild (1-2/week) <sup>a</sup> <input type="checkbox"/> Moderate (3-4/week) <input type="checkbox"/> Severe (5-7/week)		
	<input type="checkbox"/> Acute (< 1 mo) <input type="checkbox"/> Subacute (1-3 mo) <sup>a</sup> <input type="checkbox"/> Persistent (≥ 3 mo) Currently using medications or CPAP for hypersomnia? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, medications or CPAP sufficiently treat hypersomnia? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Circadian Rhythm Sleep-Wake Disorder</b>	<input type="checkbox"/> Delayed sleep phase type <input type="checkbox"/> Advanced sleep phase type <input type="checkbox"/> Shift work type <input type="checkbox"/> Irregular sleep-wake type <input type="checkbox"/> Non-24-hour sleep-wake type <input type="checkbox"/> Unspecified type	? 1 2 3	
	<input type="checkbox"/> Episodic (1-3 mo) <input type="checkbox"/> Persistent (≥ 3 mo)		
	Currently using medications for circadian rhythm sleep disorder? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, medications sufficiently treat circadian rhythm sleep disorder? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Obstructive Sleep Apnea Hypopnea Disorder<sup>b</sup></b>	<input type="checkbox"/> Possible <input type="checkbox"/> Definite	PSG Date:	? 1 2 3
	Severity: <input type="checkbox"/> Mild (AHI < 15) <input type="checkbox"/> Moderate (AHI 15-30) <input type="checkbox"/> Severe (AHI > 30) <input type="checkbox"/> Unknown Currently using CPAP ≥ 4 hrs per night? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Restless Legs Syndrome</b>			? 1 2 3
<b>Nightmare Disorder</b>	<input type="checkbox"/> During sleep onset <input type="checkbox"/> With non-sleep disorder mental comorbidity (including substance use disorders) <input type="checkbox"/> With other medical condition <input type="checkbox"/> With other sleep disorder	? 1 2 3	
	<input type="checkbox"/> Mild (> 1/mo, but < 1/week) <input type="checkbox"/> Moderate (1 – 6/week) <input type="checkbox"/> Severe (every night)		
	<input type="checkbox"/> Acute (≤ 1 mo) <input type="checkbox"/> Subacute (> 1 – < 6 mo) <input type="checkbox"/> Persistent (≥ 6 mo) Currently using medications for nightmares? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, medications sufficiently treat nightmares? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Non-REM Sleep Arousal Disorder: Sleepwalking Type</b>	<input type="checkbox"/> With sleep-related eating <input type="checkbox"/> With sleep-related sexual behavior (sexsomnia)		? 1 2 3
<b>Non-REM Sleep Arousal Disorder: Sleep Terror Type</b>			? 1 2 3
<b>REM Sleep Behavior Disorder<sup>b</sup></b>	<input type="checkbox"/> Possible <input type="checkbox"/> Definite	PSG Date:	? 1 2 3
		Synucleinopathy Dx Date:	
<b>Narcolepsy Disorder<sup>b</sup></b>	<input type="checkbox"/> Possible <input type="checkbox"/> Definite	? 1 2 3	
	<sup>a</sup> <input type="checkbox"/> Mild (cataplexy < 1/week; naps 1-2/day)		
	<input type="checkbox"/> Moderate (cataplexy 1-7/week; naps > 1/day) <input type="checkbox"/> Severe (cataplexy > 1/day; constant sleepiness)		

Note: / = “times per;” PSG = polysomnography; CSF = cerebrospinal fluid; <sup>a</sup> minimal frequency or duration required for diagnosis; <sup>b</sup> rate as possible unless confirmed by an accredited sleep disorders lab/center (or for narcolepsy, meets criteria for cataplexy).