

PPMI

1 3 2

REM SLEEP DISORDER QUESTIONNAIRE

4 6

SUBJECT ID [][][][]

VISIT NO [][][]

INITIALS [][][]

SITE NO [][][]

VISIT DATE [][]

[][]

[][][][]

MM

DD

YYYY

- A. Source of Information: 1 = Patient, 2 = Caregiver, 3 = Patient and caregiver A.
1. I sometimes have very vivid dreams. (0 = No, 1 = Yes) 1.
2. My dreams frequently have an aggressive or action-packed content. (0 = No, 1 = Yes) 2.
3. The dream contents mostly match my nocturnal behaviour. (0 = No, 1 = Yes) 3.
4. I know that my arms or legs move when I sleep. (0 = No, 1 = Yes) 4.
5. It thereby happened that I (almost) hurt my bed partner or myself. (0 = No, 1 = Yes) 5.
6. I have or had the following phenomena during my dreams:
- 6.1 speaking, shouting, swearing, laughing loudly (0 = No, 1 = Yes) 6.1
- 6.2 sudden limb movements, "fights" (0 = No, 1 = Yes) 6.2
- 6.3 gestures, complex movements, that are useless during sleep, e.g., to wave, to salute, to frighten mosquitoes, falls off the bed (0 = No, 1 = Yes) 6.3
- 6.4 things that fell down around the bed, e.g., bedside lamp, book, glasses (0 = No, 1 = Yes) 6.4
7. It happens that my movements awake me. (0 = No, 1 = Yes) 7.
8. After awakening I mostly remember the content of my dreams well. (0 = No, 1 = Yes) 8.
9. My sleep is frequently disturbed. (0 = No, 1 = Yes) 9.

PPMI

1 3 2

REM SLEEP DISORDER QUESTIONNAIRE

4 6

SUBJECT ID

VISIT NO

10. I have/had a disease of the nervous system: (0 = No, 1 = Yes)

10a. stroke 10a.

10b. head trauma 10b.

10c. parkinsonism 10c.

10d. RLS 10d.

10e. narcolepsy 10e.

10f. depression 10f.

10g. epilepsy 10g.

10h. inflammatory disease of the brain 10h.

10i. other, specify: _____ 10i.