

REM Sleep Behavior Disorder Questionnaire

Mark as Complete



1 of 23 completed

Assessment Date

10/26/2020



A. Source of Information:

Participant

Caregiver

Participant and Caregiver

1. I sometimes have very vivid dreams.

No

Yes

2. My dreams frequently have an aggressive or action-packed content.

No

Yes

3. The dream contents mostly match my nocturnal behaviour.

No

Yes

4. I know that my arms or legs move when I sleep.

No

Yes

5. It thereby happened that I (almost) hurt my bed partner or myself.

No

Yes

6. I have or had the following phenomena during my dreams:

6.1 speaking, shouting, swearing, laughing loudly.



No

Yes

6.2 sudden limb movements, "fights".



No

Yes

6.3 gestures, complex movements, that are useless during sleep, e.g., to wave, to salute, to frighten mosquitoes, falls off the bed.



No

Yes

6.4 things that fell down around the bed, e.g., bedside lamp, book, glasses.



No

Yes

7. It happens that my movements awake me.



No

Yes

8. After awakening I mostly remember the content of my dreams well.



No

Yes

9. My sleep is frequently disturbed.



No

Yes

10. I have/had a disease of the nervous system:

10a. Stroke:



No

Yes

10b. Head trauma:



No

Yes

10c. Parkinsonism:



No

Yes

10d. RLS:



No

Yes

10e. Narcolepsy:



No

Yes

10f. Depression:



No

Yes

10g. Epilepsy:



No

Yes

10h. Inflammatory disease of the brain:

No

Yes



10i. Other:



No

Yes

If yes, specify:



Input text



Participant Motor Function Questionnaire

Epworth Sleepiness Scale

