Parkinson's Disease Sleep Scale (PDSS-2)

Please rate the severity of the following based on your experiences during the past week (7 days). Please make a cross in the appropriate box.

Very often (This means 6 to 7 days a week)
Often (This means 4 to 5 days a week)
Sometimes (This means 2 to 3 days a week)
Occasionally (This means 1 day a week)
Never

	Very often	Often	Sometimes	Occasionally	Never
1. Overall, did you sleep well during the last week?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2. Did you have difficulty falling asleep at night?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
3. Did you have difficulty staying asleep?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4. Did you have restlessness of legs or arms at night causing disruption of sleep?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
5. Was your sleep disturbed due to an urge to move your legs or arms?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
6. Did you suffer from distressing dreams at night?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
7. Did you suffer from distressing hallucinations at night (seeing or hearing things that do not exist)?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
8. Did you get up at night to urinate?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
9. Did you feel uncomfortable at night because you were unable to turn around in bed or move due to immobility?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
10. Did you feel pain in your arms or legs which woke you up while sleeping at night?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
11. Did you have muscle cramps in your arms or legs which woke you up while sleeping at night?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
12. Did you wake early in the morning with painful posturing of arms and legs?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
13. On waking, did you experience tremors?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
14. Did you feel tired and sleepy after waking in the morning?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
15. Did you wake up at night due to your own snoring or difficulties with breathing?	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

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