

# Appendix 7.3

## Sleep and Concussion Questionnaire\*

### Sleep and Concussion Questionnaire<sup>©</sup>

Name / ID#: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ D/M/Y

Date of Injury: \_\_\_\_\_ D/M/Y Completed by:  Self  Parent/Other: \_\_\_\_\_

Have you had more than one brain injury/concussion?

Yes  No If yes, how many? \_\_\_\_\_

Have you completed this questionnaire at our clinic before?

Yes—Begin at Section 2 (see page 2)  No—Begin at Section 1

#### Section 1: Initial Assessment

1. a) In the last 6 months before your injury(s), did you consider yourself to be a good sleeper?

Most of the time  Some of the time  Rarely  Never

b) Have you ever sought medical attention for your sleep problems?

Yes  No

c) Have you ever used any sleep interventions?

Yes  No

d) If yes, please specify the sleep interventions being used:

Medication  Non-medicinal supplements  
 Behavioural techniques  Other: \_\_\_\_\_

2. a) Since your injury(s), has your sleep changed?

No (0)  Yes, Mild Change (1)  Yes, Moderate Change (2)  Yes, Significant Change (3)

b) If yes, please indicate the type of change:

Sleep more (1)  Sleep less (1)  Sleep the same amount but is less restful (1)

c) If you have had more than one injury, when did you first experience changes in sleep?

After first injury  After subsequent injury - If so, please describe:

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## Section 2: Follow-Up

3. a) Since the last time you completed this questionnaire, which sentence best describes your sleep?

- My sleep is now the same as before my injury(s) (0)  
 My sleep is returning to the same as before my injury(s) (1)  
 My sleep is the same as last time and is still different from before my injury(2)  
 My sleep has gotten worse (3)

b) If sleep has gotten worse, please describe the change:

- I sleep more (1)     I sleep less (2)     I sleep the same amount but it is less restful (3)

## Section 3: Changes in Sleep

3. Please rate the severity of the changes to your sleep since the injury(s) or last time you completed this questionnaire:

	Never	Sometimes	Often	Always
a) I fall asleep earlier than usual.	0	1	2	3
c) I have difficulty staying asleep.	0	1	2	3
e) I wake up too early & can't fall back asleep.	0	1	2	3

4. My sleep is affected by: *(check all that apply)*

- Nothing, my sleep is unaffected (0)     Pain (1)     Feeling Restless (1)  
 Breathing Problems/Snoring (1)     Mood (1)     Unsure (0)  
 Bad Dreams/Nightmares (1)     Worrying (1)  
 Other: (1)

5. Please rate the severity of the changes to your daytime function since the injury(s) OR the last time you completed this questionnaire:

	Never	Sometimes	Often	Always
a) I feel more tired during the day.	0	1	2	3
b) I need to nap more often during the day.	0	1	2	3

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## Wiseman-Hakes & Ouellet V13

### Guidelines for Administration

*The Sleep and Concussion Questionnaire has undergone preliminary evaluation of face validity with children and youth age 12-18. It has been used with children age 12 and above and adults. For children and youth age 12-15, parental or caregiver input may be helpful, particularly in the acute stage of concussion. The questionnaire can be administered to children age 6 and above, however it is suggested that for children age 6-11, it be completed by a parent or caregiver who knows the child's habitual sleep.*

### Guidelines for Scoring/Interpretation and Suggested Action

*Note: This is a preliminary scoring guide that is currently being validated.  
The scoring guide was inspired by Dr. Charles Morin ISI 1993.*

Add scores for 12 items (2a + 2b) or (3a + 3b) + (4a + 4b + 4c + 4d + 4e + 5 + 6a + 6b) = \_\_\_\_\_

- Score: 0-7** No clinically significant change: No action required UNLESS there is a pre-existing sleep problem that has not been addressed as this can exacerbate concussion symptoms and slow down recovery.
- Score: 8-15** Subclinical change: Requires monitoring. Reassure individual that complete resolution anticipated with resolution of concussion symptoms.
- Score: 16-22** Clinical changes of moderate severity: Further assessment of precipitating factors recommended and possible intervention required.
- Score: 23-36** Clinically severe changes in sleep or wakefulness: Further assessment of precipitating factors, referral to specialist may be indicated and intervention may be indicated.