Sleep and Concussion Questionnaire©

Name / ID#: __________________Age: ______ Date of Visit: ______

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:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
</table>
   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:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
</table>
   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      |
## Sleep and Concussion Questionnaire

### 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 

\[(2a + 2b) + (3a + 3b) + (4a + 4b + 4c + 4d + 4e + 5 + 6a + 6b) = \] ____________

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7</td>
<td>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.</td>
</tr>
<tr>
<td>8-15</td>
<td>Subclinical change: Requires monitoring. Reassure individual that complete resolution anticipated with resolution of concussion symptoms.</td>
</tr>
<tr>
<td>16-22</td>
<td>Clinical changes of moderate severity: Further assessment of precipitating factors recommended and possible intervention required.</td>
</tr>
<tr>
<td>23-36</td>
<td>Clinically severe changes in sleep or wakefulness: Further assessment of precipitating factors, referral to specialist may be indicated and intervention may be indicated.</td>
</tr>
</tbody>
</table>