goodfellow unit

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
Te Whare Wānanga o Tāmaki Makaurau

Auckland Sleep Questionnaire (Short Tool)

Name:

Do you have trouble falling asleep, staying asleep or waking up early at three nights a week for at least the last month?

☐ No ☐ Yes

Does this interfere with your activities the next day (such as feeling unrefreshed in the morning, fatigued, unable to concentrate, or feeling irritable)?

☐ No ☐ Yes

If you answered yes to either of these questions, is this something with which you would like help?

☐ No ☐ Yes ☐ Yes, but not today.

How long have you had this sleep problem? _____

If **Yes,** has something happened to you to cause this problem? When did it happen? (please write)

If you sleep well is this with the help of sleep medication?

☐ No ☐ Yes
If Yes, you do use a sleep medication, what is the name of this medication?

Are you a shift worker?

☐ No ☐ Yes

During the past month, have you been bothered by feeling down depressed or hopeless? Or bothered by having little interest or pleasure in doing things?

☐ No ☐ Yes

During the past month have you been worrying about a lot of everyday problems?

☐ No ☐ Yes

If you answered Yes, to the above questions, **is this something with which you would like help?**

☐ No ☐ Yes ☐ Yes, but not today.

Do you snore very loudly at night?

☐ No ☐ Yes ☐ I don't know

Do you find yourself falling asleep during the day, say in waiting rooms or as a passenger in a vehicle?

☐ No ☐ Yes

When you are asleep, do you sleepwalk, sleeptalk, grind your teeth, have restless legs or anything else you would consider unusual?

☐ No ☐ Yes

Do you have any significant health problems that affect your ability to sleep well, such as pain, breathing difficult, acid reflux, or night cough?

☐ No ☐ Yes

Do you ever feel the need to cut down on the amount of alcohol you drink?

☐ No ☐ Yes

If you answered Yes, to the above questions, **is this something with which you would like help?**

☐ No ☐ Yes ☐ Yes, but not today.

Do you ever feel the need to cut down on your non-prescription or recreation drug use?

☐ No ☐ Yes

If you answered Yes, to the above questions, **is this something with which you would like help?**

☐ No ☐ Yes ☐ Yes, but not today.

Do you choose to go to bed late at night (eg after midnight?)

☐ No ☐ Yes

When you can, do you prefer to sleep late in the morning (eg after 10am)?

☐ No ☐ Yes