

Parkinson's Disease Sleep Scale (PDSS)

How would you rate the following, based on your experience during the past one week.

(place a cross at the appropriate point on the line)

1. The overall quality of your night's sleep is:
AWFUL EXCELLENT
2. Do you have difficulty falling asleep each night?
ALWAYS NEVER
3. Do you have difficulty staying asleep?
ALWAYS NEVER
4. Do you have restlessness of legs or arms at night or in the evening causing disruption of sleep?
ALWAYS NEVER
5. Do you fidget in bed?
ALWAYS NEVER
6. Do you suffer from distressing dreams at night?
ALWAYS NEVER
7. Do you suffer from distressing hallucinations at night (seeing or hearing things that you are told do not exist)?
ALWAYS NEVER
8. Do you get up at night to pass urine?
ALWAYS NEVER
9. Do you have incontinence of urine because you are unable to move due to "off" symptoms?
ALWAYS NEVER
10. Do you experience numbness or tingling of your arms or legs which wake you from sleep at night?
ALWAYS NEVER
11. Do you have painful muscle cramps in your arms or legs whilst sleeping at night?
ALWAYS NEVER
12. Do you wake early in the morning with painful posturing of arms or legs?
ALWAYS NEVER
13. On waking do you experience tremor?
ALWAYS NEVER
14. Do you feel tired and sleepy after waking in the morning?
ALWAYS NEVER
15. Have you unexpectedly fallen asleep during the day?
FREQUENTLY NEVER