

# Parkinson's Disease Sleep Scale (PDSS)

How would you rate the following, based on your experience during the past week.  
(Place a cross at the appropriate point on the line)

1. The overall quality of your night's sleep is:



2. Do you have difficulty falling asleep each night?



3. Do you have difficulty staying asleep?



4. Do you have restlessness of legs or arms at night or in the evening causing disruption of sleep?



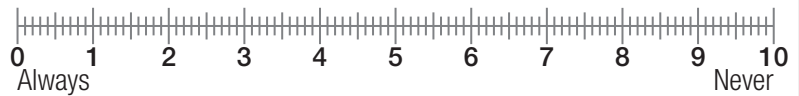
5. Do you fidget in bed?



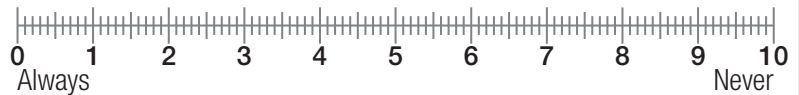
6. Do you suffer from distressing dreams at night?



7. Do you suffer from distressing hallucinations at night (seeing or hearing things that you are told do not exist)?



8. Do you get up at night to pass urine?



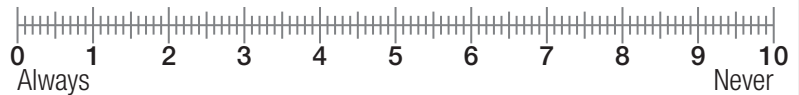
9. Do you have incontinence of urine because you are unable to move due to "off" symptoms?



10. Do you experience numbness or tingling of your arms or legs which wake you from sleep at night?



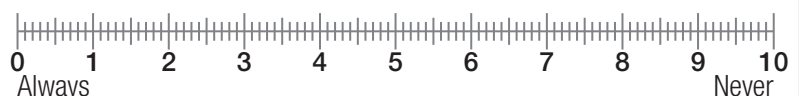
11. Do you have painful muscle cramps in your arms or legs which wake you from sleep at night?



12. Do you wake early in the morning with painful posturing of arms or legs?



13. On waking do you experience tremor?



14. Do you feel tired and sleepy after waking in the morning?



15. Have you unexpectedly fallen asleep during the day?

