

REM Sleep Behavior Disorder Screening Questionnaire

Please answer each question by circling either "yes" or "no"

- YES NO I sometimes have very vivid dreams.
- YES NO My dreams frequently have an aggressive or action-packed content.
- YES NO The dream contents mostly match my nocturnal behavior.
- YES NO I know that my arms and legs move when I sleep.
- YES NO It thereby happened that I (almost) hurt my bed partner or myself.
- I have had the following phenomenon during my dreams:
- YES NO speaking, shouting, swearing, laughing loudly
- YES NO sudden limb movements, "fights"
- YES NO gestures, complex movements, that are useless during sleep, e.g., to wave, to salute, to frighten
mosquitos, falls off the bed
- YES NO things that fell down around the bed, e.g., bedside lamp, book, glasses
- YES NO It happens that my movements awake me.
- YES NO After awakening I mostly remember the content of my dreams well.
- YES NO My sleep is frequently disturbed.
- YES NO I have had a disease of the nervous system (e.g., stroke, head trauma, parkinsonism, RLS, narcolepsy,
depression, epilepsy, inflammatory disease of the brain).

SCORING

maximum score is 13

cut off score of 5 or above