DATE:	NAME:	DOB:

REM SLEEP BEHAVIOUR DISORDER-HONG KONG Questionnaire

Have you ever had any of the following symptoms?				How often has it occurred in the last 1-year?				
	I don't remember / I don't know	**No**	**Yes**	**Did it happen in the last one year?**	Once or few times in the year	Once or few times per month	1-2 times per week	3 times or above per week
	0	0	1	0	1	2	3	4
1 Did you often have dreams?				☐ Yes ☐ No (please go to the next question)				
2 Did you often have nightmares?				☐ Yes ☐ No (please go to the next question)				
3 Did you have dreams with an emotional and sorrowful content?				☐ Yes ☐ No (please go to the next question)				
4 Did you have dreams with a violent or aggressive content (e.g. fighting with someone)?				☐ Yes ☐ No (please go to the next question)				
5 Did you have dreams with a frightening and horrifying content (e.g. being chased by ghost)?				☐ Yes ☐ No (please go to the next question)				
	0	0	2	0	2	4	6	8
6 Did you have sleep talking?				☐ Yes ☐ No (please go to the next question)				

Have you ever had any of the following symptoms?				How often has it occurred in the last year?				
	I don't remember / I don't know	**No**	**Yes**	**Did it happen in the last one year?**	Once or few times in the year	Once or few times per month	1-2 times per week	3 times or above per week
7 Did you shout, yell or swear during your sleep?				☐ Yes ☐ No (please go to the next question)				
8 Did you move your arms or legs in response to your dream contents during sleep?				☐ Yes ☐ No (please go to the next question)				
9 Have you ever fallen from your bed?				☐ Yes ☐ No (please go to the next question)				
10 Have you ever hurt yourself or your bed-partner while you were sleeping?				☐ Yes ☐ No (please go to the next question)				
11 Have you ever *attempted* to assault your bed-partner or *almost* hurt yourself while you were sleeping?				☐ Yes ☐ No (please go to the next question)				
12 Did the scenario described in 10 or 11 relate to your dream contents?				☐ Yes ☐ No (please go to the next question)				
	0	0	1	0	1	2	3	4
13 Did the situations described above disturb your sleep?				☐ Yes ☐ No				