

MINNESOTA PARASOMNIA INJURY SCALE	SURNAME Mr/Mrs/Miss	
	FIRST NAMES	CASE No
	DOB:	
DATE:		
1	Who is completing this survey? (please circle) Patient Bed Partner Both	
2	Does the patient sleep alone or with a bed partner?	
3	<u>Serious Sleep Related Injury Events</u>	
	How many times in the last year has the patient or bed partner sought medical attention due to injury from the patient's sleep-related activity (i.e. while asleep or while waking up from sleep)?	
	Who sustained the injuries (patient or bed partner)?	
	Please describe the injuries:	
	What form of medical attention was sought (emergency department, primary care clinic, sleep doctor, other)?	
	Was the patient acting out dreams when these events occurred? Yes No Unsure	
	How many times in the last year has the patient or bed partner sustained a serious injury (such as fracture (broken bone) or laceration of the skin) from the patient's sleep-related activity where medical attention was not sought?	
	Who sustained the injuries (patient or bed partner)?	
	Please describe the injuries:	

	<p>Was the patient acting out dreams when these events occurred?</p> <p>Yes No Unsure</p>
	Total number of serious events in the last year =
	How many total serious events would you estimate that the patient or bed partner has experienced due to the patient's sleep related activity?
4	<u>Minor Sleep Related Injury Events</u>
	How many times in the last month has the patient or bed partner suffered a minor injury (bruises, scratches) due to the patient's sleep-related activity?
	Who sustained the injuries (patient or bed partner)?
	Please describe the injuries:
	Was the patient acting out dreams when these events occurred?
	Yes No Unsure
	Total number of minor events in the last month =
	How many total minor events would you estimate that the patient or bed partner has experienced due to the patient's sleep related activity?
5	<u>Near Sleep Related Injury Events</u>
	How many times in the last month has the patient left the bed or arouse to a standing position on the bed without injury during sleep-related activity?
	Please describe the events:

	Was the patient acting out dreams when these events occurred? Yes No Unsure
	How many times in the last month has the patient begun seriously assaulting (such as repeatedly striking or choking) the bed partner without injury during sleep-related activity?
	Please describe the events:
	Was the patient acting out dreams when these events occurred? Yes No Unsure
	Total number of near events in the last month =
	How many total near events would you estimate that the patient or bed partner has experienced due to sleep related activity?
6	<i>Complete the following if you are using a bed alarm treatment to prevent sleep related injury</i>
	<u>Bed Alarm Interventions</u>
	How many times in the last month has the bed alarm activated during sleep-related activity? (this does not include accidental activations while moving in bed or during normal arousals)
	Did the alarm halt the sleep related activity?
	Please describe the events:
	Was the patient acting out dreams when these events occurred? Yes No Unsure
	Total number of near events in the last month =
	How many bed alarm interventions would you estimate have occurred since starting the therapy?