

DATE:

Name  
DOB:

### PARIS AROUSAL DISORDERS SEVERITY SCALE

During the past year did you ever exhibit one of the following behaviours during the night, while you were still asleep?

Abnormal BEHVIOURs during sleep period (mark all items that apply)		Never	Some- times	Often
		0	1	2
1.	I screamed			
2.	I sat up in my bed			
3.	I hit or kicked someone or something			
4.	I fell out of bed			
5.	I went out of my room			
6.	I went down or up the stairs			
7.	I went out of my home			
8.	I opened a window			
9.	I climbed out a window			
10.	I handled or moved light objects (slippers, small things)			
11.	I handled or moved heavy objects (lamp, vase, furniture)			
12.	I broke an object, window, wall			
13.	I picked up sharp objects (knife, tools)			
14.	I manipulated objects that may set fire (matches, lighter, gas stove, oven)			
15.	I touched things around windows and openings (blinds, shutters, curtains, window/door handle)			
16.	I prepared or ate some food or a drink			
17.	I unwillingly performed a sexual act			

**The EFFECT of the abnormal behaviours : mark all that apply**

		Never	Some-times	Often
		0	1	2
18.	I disturb someone else's sleep			
19.	I injured myself			
20.	I hurt someone			
21.	I am tired the next day			
22.	It disturbs me psychologically (feeling of shame, anxiety and fear to go to bed.....)			
<p><b>FREQUECNY of the abnormal episodes, over the past year – Mark the closest that apply to you:</b></p>				
	never any motor episodes	0	at least one episode per week	4
	less than one episode per year	1	One episode per night	5
	at least one episode per year	2	two episodes or more per night	6
	at least one episode per month	3		

<b>FOR OFFICE USE ONLY</b>		
PADSS Total Score		/50
PADSS – A	Behavioural Score	/34
PADSS – B	Frequency Score	/6
PADSS – C	Effect Score	/10