

# Appendix 7.2

## Short Clinical Interview for Sleep after Head Injury\*

### Short Clinical Interview for Sleep after Head Injury

Adapted with permission from Morin C.M. (1993) by Ouellet M.C., Beaulieu-Bonneau S & Morin C.M. Université Laval, Québec, Canada

<p><b>SCREENING FOR INSOMNIA, EXCESSIVE DAYTIME SLEEPINESS AND SYMPTOMS OF OTHER SLEEP DISORDERS</b></p> <ul style="list-style-type: none"> <li>• Has your sleep quality or quantity changed since your injury? How so?</li> <li>• Do you have trouble falling asleep?</li> <li>• Do you have trouble staying asleep in the middle of the night?</li> <li>• Do you wake up earlier than desired in the morning?</li> <li>• How many hours of sleep do you usually get?</li> <li>• Do you have any trouble staying awake during the day?</li> <li>• How often do you fall asleep during the day without intending to do so?</li> <li>• Have you or your spouse ever noticed one of the following, and if so, how often on a typical week would you say you experience these symptoms?             <ul style="list-style-type: none"> <li><input type="checkbox"/> Loud snoring</li> <li><input type="checkbox"/> Gasping, choking, breathing interruptions or holding your breath while sleeping</li> <li><input type="checkbox"/> Urge to move your legs or inability to keep your legs still</li> <li><input type="checkbox"/> Leg cramps while sleeping</li> <li><input type="checkbox"/> Twitches or jerks in your legs or arms while sleeping</li> <li><input type="checkbox"/> Inability to move while in bed</li> <li><input type="checkbox"/> Grinding your teeth while sleeping</li> <li><input type="checkbox"/> Confusion or strange sensory experiences when falling asleep or waking up</li> <li><input type="checkbox"/> Recurrent nightmares or disturbing dreams. Are these related to the accident?</li> </ul> </li> </ul> <p><b>EXPLORE EVOLUTION OF SLEEP-WAKE DISTURBANCE</b></p> <ul style="list-style-type: none"> <li>• How long have you had this sleep problem (specify if before/after TBI)?</li> <li>• Is any particular event related to the onset of the sleep disturbance?</li> <li>• Was the onset gradual or sudden?</li> <li>• What has been the course of your sleep problems since its onset (e.g., persistent, episodic, seasonal)?</li> </ul> <p><b>ASSESS LIFE HABITS, MEDICATION AND SUBSTANCE USE</b></p> <ul style="list-style-type: none"> <li>• Is your sleep environment comfortable? (e.g. bed, light, temperature, noise)</li> <li>• How many times per week do you exercise? (frequency and timing)</li> <li>• How many caffeinated beverages do you drink per day? (amount and timing)</li> <li>• Do you smoke ? (amount and timing)</li> <li>• In the past month, have you used prescribed or over-the-counter medication or any other substance to improve your sleep or your daytime alertness (e.g., alcohol, drugs, energy drinks, caffeine)? (if so, specify name of medication, amount, frequency of use (number of nights/week))</li> <li>• What strategies do you use to cope with your sleep problem or to stay awake during the day?</li> </ul>	<p><b>IDENTIFICATION:</b> DATE:</p> <p>Notes:</p>
---	---

**Features and symptoms of sleep disturbances reported following traumatic brain injury**  
**Insomnia.** Dissatisfaction with sleep quality or quantity. **Symptoms:** Subjective complaints of difficulty falling asleep, difficulty maintaining sleep, early morning awakenings and/or non-restorative sleep. For an insomnia disorder, symptoms have to be present at least 3 nights per week, last more than 1 month and cause significant distress or impairment in daytime functioning.  
**Sleep-related breathing disorders.** Obstructive sleep apnea (OSA): breathing alteration associated with complete (apnea) or partial (hypopnea) obstruction of the upper airway during sleep. Central apnea: breathing alteration associated with temporary loss of ventilatory effort. **Symptoms:** Daytime sleepiness, frequent awakenings to restart breathing, restless and non-restorative sleep, snoring. To confirm, refer for polysomnography and verify if there is presence of at least 5 documented apneas or hypopneas per hour of sleep.  
**Narcolepsy.** Rare disorder characterized by recurrent daytime napping or sleep episodes. **Symptoms:** Tetrad of classic symptoms (that are not always all present): daytime sleepiness, cataplexy (i.e., episodic loss of muscle function), hypnagogic hallucinations (i.e. dreamlike experiences while falling asleep, dozing or awakening), and sleep paralysis (i.e., transitory inability to talk or move upon awakening).  
**Post-traumatic hypersomnia.** Hypersomnia due to medical condition (TBI) when other primary sleep disorders have been ruled out. **Symptoms:** Excessive daytime sleepiness, increased sleep duration.  
**Circadian rhythm sleep disorder.** Delayed sleep phase disorder: prolonged delay in the sleep-wake episodes relative to conventional times. **Symptoms:** Irregular sleep-wake rhythm: high day-to-day variability in sleep onset and offset. Sleep disturbances when trying to conform with conventional times (inability to fall asleep or remain asleep).  
 A more comprehensive clinical interview canvas is available in: N. Zaslter, D. Katz, & R. Zafonte, *Brain Injury Medicine: Principles and Practice* (Second edition). Boston. Brain Injury Medicine., Chapter 43, pp. 707-725.

\* Taken with permission from Ouellet MC, Beaulieu-Bonneau S Morin CM. Sleep-Wake Disturbances. In Eds. Zaslter ND, Katz DI, Zafonte RD. Brain Injury Medicine: Principles and Practice. New York; Demos Medical Publishing LLC; 2012.