Always check for Depression / Stressful situations / Anxiety

# Sleep Problems

Yes

I. Have you had any problems with sleep?
- Difficulty falling asleep ❑
- Restless or unrefreshing asleep ❑
- Frequent or long periods of being awake ❑
- Early morning awakening ❑

**If YES to any of the above, continue below**

1. Do you have any medical problems or physical pains? ❑
2. Are you taking any medication? ❑
3. Do any of the following apply?
   - drink alcohol, coffee, tea or eat before you sleep? ❑
   - take day time naps? ❑
   - experienced changes to your routine e.g. shift work? ❑
   - disruptive noises during the night? ❑
4. Problems for at least three times a week? ❑
5. Has anyone told you that your snoring is loud and disruptive? ❑
6. Do you get sudden uncontrollable sleep attacks during the day? ❑
7. Low mood or loss of interest or pleasure? ❑
8. Worried, anxious or tense? ❑
9. How much alcohol do you drink in a typical week - (number of standard drinks / wk)? _____

**Summing up**

*Positive to any of 1,2 or 3:* ❑
*cosider management of the underlying problem*
*Positive to 4 then indication of* ***sleep problem*** ❑
*Positivee to 5 consider* ***sleep apnea*** ❑
*If positive to 6 consider* ***narcolepsy*** ❑
*Positive to 7: consider* ***depressive disorder*** ❑
*Positive to 8: consider* ***anxiety disorder*** ❑
*If weekly drinking is more than 21 standard drinks for men and more than 14 for women, consider* ***alcohol use disorder*** ❑

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# Chronic Tiredness

Yes

**I. Do you get tired easily?** ❑
- Tired all the time? ❑
- Easily tired out while performing every day tasks? ❑
- Difficult to recover from the tiredness, despite rest? ❑

**If YES to any of the above, continue below**

1. Do you have any medical problems or physical pains? ❑
2. Are you taking any medication? ❑
3. Low mood or loss of interest or pleasure? ❑
4. Worried, anxious or tense? ❑
5. How much alcohol do you drink in a typical week (number of standard drinks / wk)? _____
6. Are you doing too much at home and/or work? ❑
7. Do you fail to set time aside for leisure activities? ❑
8. Have you been having problems with sleep? ❑

**Summing up**

*Positive to I: indication of a* ***fatigue problem*** ❑
*Positive to any of 1 or 2:* ❑
*Consider management of the underlying problem*
*Positive to 3: consider* ***depresive disorder*** ❑
*Positive to 4: consider* ***anxiety disorder*** ❑
*If weekly drinking is more than 21 standard drinks for men and more than 14 for women: consider* ***alcohol use disorder*** ❑
*Positive to 6 or 7: consider* ***lifestyle change*** ❑
*Positive to 8: consider* ***sleep problem*** ❑

Check for multiple doctors and negative test results / Dramatic presentation / Attention seeking / Unusual symtoms

# Unexplained Somatic Complaints

Yes

I. Have you been bothered by continuing aches or pains or other physical complaints for which a cause has not been found (e.g. Nausea / vomiting / diarrhoea / shortness of breath / chest pain / headaches / abdominal pain)? ❑

**If YES to any of the above, continue below**

1. Have you seen more than one doctor for these problems? ❑
2. Have you seen any specialists about these problems? ❑
3. Have you experienced these pains or different physical problems for longer than 6 months? ❑
4. Low mood or loss of interest or pleasure? ❑
5. Worried, anxious or tense? ❑
6. How much alcohol do you drink in a typical week (number of standard drinks /wk )? _____

**Summing up**

*Positive to I and also to at least one positive form 1 to 4 and negative to 5, 6, and 7:* ❑
*consider* ***unexplained somatic complaints disorder.***

# Functioning & Disablement

**I. During the last month have you been limited in one or more of the following activities most of the time:**
- Self care: bathing, dressing, eating? ❑
- Family relations: spouse, children, relatives? ❑
- Going to work or school? ❑
- Doing housework or household tasks? ❑
- Social activities, seeing friends? ❑
- Remembering things? ❑

**II. Because of these problems during the last month**

For how many days were you unable to fully carry out your usual daily activities? _____
How many days did you spend in bed in order to rest? _____