

## | Oviedo Sleep Questionnaire (OSQ)

### During the past month

OSQ\_1 How satisfied are you with your sleep patterns?

- 1 Very unsatisfied       2 Quite unsatisfied       3 Unsatisfied  
 4 Indifferent       5 Satisfied       6 Quite satisfied  
 7 Very satisfied

OSQ_2	How many days per week do you have trouble...	None	1-2 days	3 days	4-5 days	6-7 days
OSQ_2.1	Initiating sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
OSQ_2.2	Remaining asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
OSQ_2.3	Achieving restorative sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
OSQ_2.4	Waking at the usual hour?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
OSQ_2.5	With excessive somnolence?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

OSQ\_3 How long does it take you to fall asleep once you start trying?

- 1 0-15 minutes       2 16-30 minutes       3 31-45 minutes  
 4 46-60 minutes       5 More than 60 minutes

OSQ\_4 How often do you wake up at night?

- 1 Never       2 Once       3 2 times  
 4 3 times       5 More than 3 times

OSQ\_5 Have you found yourself waking up earlier than usual? If yes, how much earlier?

- 1 I wake up at the same time       2 Half an hour before       3 One hour before  
 4 Between 1 and 2 hours before       5 More than two hours before

OSQ\_6 Sleep efficiency (hours asleep/hours in bed)

On average, how many hours have you been sleeping every night? How many hours have you normally been in bed?

- 1 91-100%       2 81-90%       3 71-80%  
 4 61-70%       5 60% or less

**OSQ\_7** How many days a week have you been worried or have you noticed tiredness or a decrease in social/working function due to not having slept well the previous night?

- 1 Not once                       2 1-2 days                       3 3 days  
 4 4-5 days                       5 6-7 days

**OSQ\_8** How many days a week have you felt sleepy, fallen asleep during the day or slept more than the usual amount at night?

- 1 Not once                       2 1-2 days                       3 3 days  
 4 4-5 days                       5 6-7 days

**OSQ\_9** If you have been feeling sleepy or falling asleep during the day, how many days a week has this been a concern or led to a decrease in your social or working function?

- 1 Not once                       2 1-2 days                       3 3 days  
 4 4-5 days                       5 6-7 days

OSQ_10	How many days a week do you have (or were told that you have)...	None	1-2 days	3 days	4-5 days	6-7 days
OSQ_10.1	Snoring?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
OSQ_10.2	Snoring with suffocation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
OSQ_10.3	Leg movements?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
OSQ_10.4	Nightmares?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
OSQ_10.5	Other?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**OSQ\_10** How many days a week have you taken drugs or used other remedies (infusions, devices, etc., with or without a prescription) as sleep aids?

- 1 Not once                       2 1-2 days                       3 3 days  
 4 4-5 days                       5 6-7 days

If you have used a sleep aid (pills, herbs, devices, etc.), please describe:

### Correction syntax for the Oviedo Sleep Questionnaire (OSQ)

```
IF ((OSQ21 >= 3 | OSQ22 >= 3 | OSQ23 >= 3 | OSQ24 >= 3) & (OSQ7 >= 3))
Dsis_INS_ICD = 1.
EXECUTE.
```

```
IF ((OSQ21 < 3 & OSQ22 < 3 & OSQ23 < 3 & OSQ24 < 3) | (OSQ7 < 3))
Dsis_INS_ICD = 0.
EXECUTE.
```

```
IF ((OSQ21 = 5 | OSQ22 = 5 | OSQ23 = 5 | OSQ24 = 5) & (OSQ7 = 5))
Dsis_INS_DSM = 1.
EXECUTE.
```

```
IF ((OSQ21 < 5 & OSQ22 < 5 & OSQ23 < 5 & OSQ24 < 5) | (OSQ7 < 5))
Dsis_INS_DSM = 0.
EXECUTE.
```

```
IF ((OSQ21 = 1 & OSQ22 = 1 & OSQ23 = 1 & OSQ24 = 1) & (OSQ25 = 5) & (OSQ8 = 5) &
(OSQ9 = 5))
Dsis_HIPERS = 1.
EXECUTE.
```

```
IF ((OSQ21 > 1 | OSQ22 > 1 | OSQ23 > 1 | OSQ24 > 1) | (OSQ25 < 5) | (OSQ8 < 5) | (OSQ9 < 5))
Dsis_HIPERS = 0.
EXECUTE.
```

```
COMPUTE OSQ_SS = OSQ21 + OSQ22 + OSQ23 + OSQ24 + OSQ3 + OSQ4 + OSQ5 + OSQ6
+ OSQ7.
EXECUTE.
```

**Dsis\_INS\_ICD:** Insomnia diagnosis according to ICD-10 criteria.

Possible values: 0 = without insomnia; 1 = with insomnia.

**Dsis\_INS\_DSM:** Insomnia diagnosis according to DSM IV criteria.

Possible values: 0 = without insomnia; 1 = with insomnia.

**Dsis\_HYPERS:** Hypersomnia diagnosis according to ICD-10 and DSM IV criteria.

Possible values: 0 = without hypersomnia; 1 = with hypersomnia.

**OSQ-SS:** score on the OSQ Scale for insomnia severity.

Possible values: **9 to 45**.