

The Raine Study Parent Assessment

Online Sleep questionnaire



Please complete this paper questionnaire if you are unable to complete the Online Questionnaire

In RED = original standardised questionnaires

In GREEN = RAINE STUDY coding/labelling

Thank you for completing this questionnaire.

The purpose of this questionnaire is to collect detailed information about your sleep patterns.

Please complete all the questions.

Please use a pen to complete the questionnaire

If you have any questions please ask the Raine Study Research Assistant

Q1. The following questions are about your family history of sleep

1.1 Has your biological mother had any of the following diagnosed by a doctor? (*stored under Gen0 ID)

	No = 0	Yes = 1	Not sure = 10
Sleep Apnoea G126_SL78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcolepsy G126_SL79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud or disruptive snoring G126_SL80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia disorder G126_S108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive (too much) sleepiness G126_SL81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless legs or periodic leg movements of sleep G126_SL82	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Has your biological father had any of the following diagnosed by a doctor? (*stored under Gen0 ID)

	No = 0	Yes = 1	Not sure = 10
Sleep Apnoea G126_SL78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcolepsy G126_SL79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud or disruptive snoring G126_SL80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia disorder G126_S108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive (too much) sleepiness G126_SL81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless legs or periodic leg movements of sleep G126_SL82	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 Have any of your brothers or sisters had the following diagnosed by a doctor? If yes, how many brothers and/or sisters?

	No = 0	Yes = 1	Not sure = 10	How many brothers	How many sisters
Sleep Apnoea G126_SL88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G126_S88A	G126_S88B
Narcolepsy G126_SL89	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G126_S89A	G126_S89B
Loud or disruptive snoring G126_SL90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G126_S90A	G126_S90B
Insomnia disorder G126_S110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G126_S110A	G126_S110B
Excessive (too much) sleepiness G126_SL91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G126_S91A	G126_S91B
Restless legs or periodic leg movements of sleep G126_SL92	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G126_S92A	G126_S92B

1.4 Have you ever had an overnight sleep study in a hospital? G126_SL94

- No (Please go to Q1.5) = 0
- Not Sure (Please go to Q1.5) = 10
- Yes, = 1 Please supply the date of the study. If you can't remember the date, please supply month and year.

1.4a. Date or month and year of sleep study G126_SL94D1 & G126_SL94D2 & G126_SL94D3

1.5 Have you ever been diagnosed with Sleep Apnoea? G126_SL95

- No (Please go to Q1.10) = 0
- Yes = 1

1.6 Please give the name of the physician or clinic:

G126_SL97

1.7 What year was this diagnosed? G126_SL96

1.8 Were any of the following treatments recommended or prescribed?

	Yes = 1		No = 0
CPAP G126_SL98	<input type="checkbox"/>		<input type="checkbox"/>
Surgery on the palate G126_SL99	<input type="checkbox"/>		<input type="checkbox"/>
Tonsillectomy G126_S100	<input type="checkbox"/>		<input type="checkbox"/>
Nose surgery G126_S101	<input type="checkbox"/>		<input type="checkbox"/>
Mandibular advancement splint G126_S102	<input type="checkbox"/>		<input type="checkbox"/>
Laser Treatment G126_S103	<input type="checkbox"/>		<input type="checkbox"/>
Other (Please specify below) G126_S104	<input type="checkbox"/>		<input type="checkbox"/>
Other treatments G126_S105			

1.9 If you were prescribed CPAP, are you still using this on a regular basis? G126_S106

- No = 0 - why not? G126_S106A
- Yes = 1

1.10 Have you had surgery for snoring or sleep apnoea? G126_S107

- No = 0
- Yes, = 1 - date of surgery, G126_S107D1 & G126_S107D2 & G126_S107D3
..... where G126_S107W.....

What type of surgery? G126_S107W

Q2. The following questions relate to sleep and work

2.1 Have you ever worked outside the home? G126_SL54

- No (Please go to Q2.6) = 0
 Yes = 1

2.2 Have you ever fallen asleep on the job? G126_SL55

- No (Please go to Q2.4) = 0
 Yes = 1
 Not sure = 3

2.3 Has this occurred: G126_SL56

- Only once = 1
 2-5 times = 2
 6-20 times = 3
 21-100 times = 4
 More than 100 times = 5
 Not sure = 10

2.4 Have you ever been involved in an accident at work that has required you to see a nurse or a doctor? G126_SL57

- No (Please go to Q2.6) = 0
 Yes = 1

2.5 Has this occurred: G126_SL58

- Only once = 1
 2-5 times = 2
 6-20 times = 3
 21-100 times = 4
 More than 100 times = 5
 Not sure = 10

2.6 During the past month, have you had to take daytime naps of 5 minutes or longer? G126_SL59

- No (Please go to Q2.9) = 0
 Yes = 1

2.7 Has this occurred: G126_SL60

- Only once = 1
 2-5 times = 2
 6-20 times = 3
 21-100 times = 4
 More than 100 times = 5
 Not sure = 10

2.8 On average, how long are your naps in minutes_(e.g. 1.5 hrs = 90 minutes)? G126_SL61

.....

The following questions relate to sleep and shift work

2.9 **Are you a shift worker?** G126_SL63

- No (Please go to Q2.13) = 0
 Yes = 1

2.10 **What type of shifts did you work in the past month** (Please select all that apply):

- Day shift (occurs any time between 6am and 7pm) G126_S64D = 1
 Evening shift (occurs any time between 3pm and midnight) G126_S64E = 1
 Night shift (any 8-10 hour shift between 10pm and 8am or any 12 hour shift between 7pm and 9am)
G126_S64N = 1

2.11 **In the past month, how often did your work hours include at least 6 hours between 10pm and 8am (night shift)?** G126_SL65

- Nearly every day = 1
 3-4 times per week = 2
 1-2 times per week = 3
 3-4 times per month = 4
 1-2 times per month = 5
 Never or nearly never = 0

2.12 **In the past month, how often did your day shift work hours begin at or before 5am?** G126_SL66

- Nearly every day = 1
 3-4 times per week = 2
 1-2 times per week = 3
 3-4 times per month = 4
 1-2 times per month = 5
 Never or nearly never = 0

The following questions are about sleep and driving

2.13 Do you have a drivers' license? G126_DRV1

- No (Please go to Q3.1) = 0
- Yes = 1

2.14 When did you get your drivers' license?

(Date on back of license) Month... G126_DRV2 Year... G126_DRV3

We would like to get an accurate estimate of how many km you drive in a typical week, to help with this it may be helpful to think of the places you drive to in a typical week eg work, sport, beach, shops, friends, family, etc. This table is to assist you calculate the total km's to complete Q2.15

Place	Times per week	KM estimate	= total KM
e.g home to work	5	10	50 km

2.15 In a typical week, how many km do you generally drive? Total km G126_DRV4

2.16 Have you ever fallen asleep whilst you were behind the wheel? G126_SL67

- No (Please go to Q2.18) = 0
- Yes = 1

2.17 Has this occurred: G126_SL68

- Only once = 1
- 2-5 times = 2
- 6-20 times = 3
- 21-100 times = 4
- More than 100 times = 5
- Not sure = 10

2.18 How many 'near miss' car accidents have you ever had due to sleepiness?

G126_SL69

2.19 How many car accidents have you ever had while driving a car? .

G126_SL70

2.20 How many car accidents have you ever had because you felt sleepy or fell asleep behind the wheel of a car?

G126_SL71

Q3. These questions are about whether you are a 'morning' person, or an 'evening' person. **Morningness-eveningness questionnaire (MEQ)**

MEQ Q1 3.1 Considering only your own 'feeling best' rhythm, at what time would **you get up** if you were entirely free to plan your day? G126_ME1

5am = 5 6am = 6 7am = 7 8am = 8 9am = 9 10am =10 11am =11 12 pm=12

MEQ Q2 3.2 Considering only your own 'feeling best' rhythm, at what time would **you go to bed** if you were entirely free to plan your evening? G126_ME2

8pm = 8 9pm = 9 10pm =10 11pm=11 12am=12 1am=1 2am=2 3 am=3

Please tick the box for the following questions

MEQ Q3 3.3 If there is a specific time at which you have to get up in the morning, to what extent are you dependent on being woken by an alarm clock? G126_ME3

- Not at all dependent = 4
- Slightly dependent = 3
- Fairly dependent = 2
- Very dependent = 1

MEQ Q4 3.4 Assuming adequate environmental conditions, how easy do you find getting up in the morning? G126_ME4

- Not at all easy = 1
- Not very easy = 2
- Fairly easy = 3
- Very easy = 4

MEQ Q5 3.5 How alert do you feel during the first half hour after having woken in the mornings?

G126_ME5

- Not at all alert = 1
 Slightly alert = 2
 Fairly alert = 3
 Very alert = 4

MEQ Q6 3.6 How is your appetite during the first half-hour after having woken in the morning?

G126_ME6

- Very poor = 1
 Fairly poor = 2
 Fairly good = 3
 Very good = 4

MEQ Q7 3.7 During the first half hour after having woken in the morning, how tired do you feel?

G126_ME7

- Very tired = 1
 Fairly tired = 2
 Fairly refreshed = 3
 Very refreshed = 4

MEQ Q8 3.8 When you have no commitments the next day, at what time do you go to bed compared to your usual bedtime? G126_ME8

- Seldom or never later = 4
 Less than one hour later = 3
 1 to 2 hours later = 2
 More than two hours later = 1

MEQ Q9 3.9 You have decided to engage in some physical exercise. A friend suggests that you do this one hour twice a week and the best time is between 7.00 am and 8.00 am. Bearing in mind nothing else but you own 'feeling best' rhythm, how do you think you would perform?

G126_ME9

- Would be on good form = 4
 Would be on reasonable form = 3
 Would find it difficult = 2
 Would find it very difficult = 1

MEQ Q10 3.10 At what time in the evening do you feel tired and as a result in need of sleep?

G126_ME10

8pm = 8 9pm = 9 10pm = 10 11pm = 11 12am = 12 1am = 1 2am = 2 3 am = 3

MEQ Q11 3.11 You wish to be at your peak performance for a test which you know is going to be mentally exhausting and lasting for 2 hours. You are entirely free to plan your day and considering only your own “feeling best” rhythm which one of the four testing times would you choose? **G126_ME11**

- 8:00 am to 10:00 am = 6
 11:00 am to 1:00 pm = 4
 3:00 pm to 5:00 pm = 2
 7:00 pm to 9:00 pm = 0

MEQ Q12 3.12 If you went to bed at 11:00pm at what level of tiredness would you be?

G126_ME12

- Not at all tired = 0
 A little tired = 2
 Fairly tired = 3
 Very tired = 5

MEQ Q13 3.13 For some reason you have gone to bed several hours later than usual, but there is no need to get up at any particular time the next morning. Which ONE of the following events are you most likely to experience? **G126_ME13**

- Will wake up at usual time and will NOT fall asleep = 4
 Will wake up at usual time and will doze thereafter = 3
 Will wake up at usual time but will fall asleep again = 2
 Will NOT wake up until later than usual = 1

MEQ Q14 3.14 One night you have to remain awake between 4:00am and 6:00 am in order to carry out a night watch. You have no commitments the next day. Which ONE of the following alternatives will suit you best? **G126_ME14**

- Would NOT go to bed until watch was over = 1
 Would take a nap before and sleep after = 2
 Would take a good sleep before and a nap after = 3
 Would take ALL sleep before watch = 4

MEQ Q15 3.15 You have to do two hours of hard physical work. You are entirely free to plan your day and considering your own “feeling best” rhythm which one of the following times would you select? **G126_ME15**

- 8:00 am to 10:00 am = 4
 11:00 am to 1:00 pm = 3
 3:00 pm to 5:00 pm = 2
 7:00 pm to 9:00 pm = 1

MEQ Q16 3.16 You have decided to engage in hard physical exercise. A friend suggests that you do this one hour twice a week and the best time is between 10:00 pm and 11.00 pm. Bearing in mind nothing else but you own ‘feeling best’ rhythm, how do you think you would perform?

G126_ME16

- Would be on good form = 1

- Would be on reasonable form = 2
- Would find it difficult = 3
- Would find it very difficult = 4

MEQ Q17 3.17 Suppose you could choose your own work hours. Assume that you worked a five hour day (including breaks) and that your job was interesting and paid by results. Which FIVE CONSECUTIVE hours would you choose?

- G126_ME17_1 = 1 G126_ME17_13 = 13
- G126_ME17_2 = 2 G126_ME17_14 = 14
- G126_ME17_3 = 3 G126_ME17_15 = 15
- G126_ME17_4 = 4 G126_ME17_16 = 16
- G126_ME17_5 = 5 G126_ME17_17 = 17
- G126_ME17_6 = 6 G126_ME17_18 = 18
- G126_ME17_7 = 7 G126_ME17_19 = 19
- G126_ME17_8 = 8 G126_ME17_20 = 20
- G126_ME17_9 = 9 G126_ME17_21 = 21
- G126_ME17_10 = 10 G126_ME17_22 = 22
- G126_ME17_11 = 11 G126_ME17_23 = 23
- G126_ME17_12 = 12 G126_ME17_24 = 24

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
midnight											noon											midnight		

MEQ Q18 3.18 At what time of the day do you think that you reach your “feeling best” peak? (Select ONE hour only) G126_ME18

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
midnight											noon											midnight		

MEQ Q19 3.19 One hears about “morning” and “evening” types of people. Which ONE of these types do you consider yourself to be? G126_ME19

- Definitely a “morning” type = 6
- Rather more a “morning” than an “evening” type = 4
- Rather more an “evening” than a “morning” type = 2
- Definitely an “evening” type = 0

Q5. Please choose the correct response to each question**Berlin questionnaire****Berlin Q1 5.1 Do you snore?** G126_BN1

- Yes = 1
 No (Please go to Q5.5) = 0
 Don't know (Please go to Q5.5) = 2

If you snore**Berlin Q2 5.2 Your snoring is:** G126_BN2

- Slightly louder than breathing = 1
 As loud as talking = 2
 Louder than talking = 3
 Very loud; can be heard in adjacent rooms = 4

Berlin Q3 5.3 How often do you snore?

G126_BN3

- Nearly every day = 1
 3-4 times a week = 2
 1-2 times a week = 3
 1-2 times a month = 4
 Never or nearly never

Berlin Q4 5.4 Has your snoring ever bothered other people? G126_BN4

- Yes = 1
 No = 0
 Don't know = 2

Berlin Q5 5.5 Has anyone noticed that you quit breathing during your sleep?

G126_BN5

- Nearly every day = 1
 3-4 times a week = 2
 1-2 times a week = 3
 1-2 times a month = 4
 Never or nearly never = 5

Berlin Q6 5.6 How often do you feel tired or fatigued after your sleep? G126_BN6

- Nearly every day = 1
 3-4 times a week = 2
 1-2 times a week = 3
 1-2 times a month = 4
 Never or nearly never = 5

Berlin Q7 5.7 During your wake time, do you feel tired, fatigued, or not up to par?

G126_BN7

- Nearly every day = 1
 3-4 times a week = 2
 1-2 times a week = 3
 1-2 times a month = 4
 Never or nearly never = 5

Berlin Q8 5.8 Have you ever nodded off or fallen asleep while driving a vehicle?

G126_BN8

- Yes = 1
 No (Please go to Q5.10) = 0

If yes**Berlin Q9 5.9 How often does this occur?**

G126_BN9

- Nearly every day = 1
 3-4 times a week = 2
 1-2 times a week = 3
 1-2 times a month = 4
 Never or nearly never = 5

Berlin Q10 5.10 Do you have high blood pressure? G126_BN10

- Yes = 1
 No = 0
 Don't know = 2

FUNCTIONAL OUTCOMES OF SLEEP QUESTIONNAIRE (FOSQ-10) Q6. Some people have difficulty performing everyday activities where they feel tired or sleepy. The purpose of this questionnaire is to find out if you generally have difficulty carrying out certain activities because you are too sleepy or tired. In this questionnaire, when the words ‘sleepy’ or ‘tired’ are used, it means the feeling that you can’t keep your eyes open, your head is droopy, that you want to “nod off”, or that you feel the urge to take a nap. These words do not refer to the tired or fatigued feeling you have after you have exercised. *Directions – Please tick a box for your answer to each question. Select only one answer for each question. Please try to be as accurate as possible*

	I don't do this activity for other reasons = 0	No difficulty = 1	Yes, a little difficulty = 2	Yes, moderate difficulty = 3	Yes, extreme difficulty = 4
FOSQ-10 Q1 6.1 Do you have difficulty concentrating on the things you do because you are sleepy or tired? G126_FOS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Q2 6.2 Do you generally have difficulty remembering things, because you are sleepy or tired? G126_FOS2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Q3 6.3 Do you have difficulty operating a motor vehicle for <u>short</u> distances (less than 160 km) because you become sleepy or tired? G126_FOS3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Q4 6.4 Do you have difficulty operating a motor vehicle for <u>long</u> distances (greater than 160 km) because you become sleepy or tired? G126_FOS4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Q5 6.5 Do you have difficulty visiting with your family or friends in <u>their</u> home because you become sleepy or tired? G126_FOS5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Q6 6.6 Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired? G126_FOS6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Q7 6.7 Do you have difficulty watching a movie or videotape or DVD because you become sleepy or tired? G126_FOS7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Q8 6.8 Do you have difficulty being as active as you want to be in the <u>evening</u> because you are sleepy or tired? G126_FOS8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Q9 6.9 Do you have difficulty being as active as you want to be in the <u>morning</u> because you are sleepy or tired? G126_FOS9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I don't engage in sexual activity for other reasons = 0	No = 1	Yes, a little = 2	Yes, moderate = 3	Yes, extremely = 4
FOSQ-10 Q10 6.10 Has your desire for intimacy or sex been affected because you are sleepy or tired? G126_FOS10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10. The following questions are about restless legs

10.1 **When sitting or lying down, do you have a strong urge to move your legs?** G126_SL72

- Never (*Please go to Q11*) = 1
- Rarely (once a month or less) = 2
- Sometimes (2-4 times/month) = 3
- Often (5-15 times/month) = 4
- Very often (more than 15 times/ month) =5

10.2 **Is your urge to move your legs accompanied by a discomfort (unpleasant sensation) in your legs, for example a creepy-crawly or tingly feeling?** G126_SL73

- Yes = 1
- No = 0
- Don't know = 10

10.3 **Is the discomfort in your legs relieved in any way, even for a short time, by walking or moving your legs?** G126_SL74

- Yes = 1
- No = 0
- Don't know = 10

10.4 **At what times is the discomfort in your legs and/or urge to move most bothersome?** G126_SL75

- In the mornings = 1
- In the afternoons = 2
- In the evenings = 3
- At bedtime = 4
- No difference by the time of day = 5

10.5 **When you actually experience these unpleasant sensations in your legs or the urge to move your legs, how distressing are they?** G126_SL76

- Not at all distressing = 1
- A little bit distressing = 2
- Moderately distressing = 3
- Extremely distressing = 4
- Don't know = 10

10.6 **When you actually experience these unpleasant sensations in your legs or the urge to move your legs, do they disturb your sleep?** G126_SL77

- Never/almost never = 1
- Less than once a week = 2
- Once or twice a week = 3
- 3 to 5 times a week = 4
- Every day/almost every day of the week = 5
- Don't know = 10

Attention-Related Cognitive Errors Scale (ARCES)

11. The following statements are about minor mistakes and absent-mindedness everyone notices from time to time, but we have very little information about just how common they are. The great majority of time these little foibles are harmless, though they do have serious safety implications in industry and everyday life. We want to know how frequently these sorts of things have happened to you.

(Please tick one)

	Never = 1	Rarely = 2	Some times = 3	Quite Often = 4	Very Often = 5
ARCES Q1 11.1 I have gone to the fridge to get one thing (e.g., milk) and taken something else (e.g., juice) G126_aCg1	<input type="checkbox"/>				
ARCES Q2 11.2 I go into a room to do one thing (e.g., brush my teeth) and end up doing something else (e.g., brush my hair) G126_aCg2	<input type="checkbox"/>				
ARCES Q3 11.3 I have lost track of a conversation because I zoned out when someone else was talking G126_aCg3	<input type="checkbox"/>				
ARCES Q4 11.4 I have absent-mindedly placed things in unintended locations (eg putting milk in the pantry or sugar in the fridge) G126_aCg4	<input type="checkbox"/>				
ARCES Q5 11.5 I have gone into a room to get something, got distracted, and wondered what I went there for G126_aCg5	<input type="checkbox"/>				
ARCES Q6 11.6 I begin one task and get distracted into doing something else G126_aCg6	<input type="checkbox"/>				
ARCES Q7 11.7 When reading I find that I have read several paragraphs without being able to recall what I read G126_aCg7	<input type="checkbox"/>				
ARCES Q8 11.8 I make mistakes because I am doing one thing and thinking about another G126_aCg8	<input type="checkbox"/>				
ARCES Q9 11.9 I have absent-mindedly mixed up targets of my action (e.g., pouring or putting something into the wrong container) G126_aCg9	<input type="checkbox"/>				
ARCES Q10 11.10 I have to go back to check whether I have done something or not (e.g., turning out lights, locking doors) G126_aCg10	<input type="checkbox"/>				

ARCES Q11 11.11 I have absent-mindedly misplaced frequently used objects, such as keys, pens, glasses, etc. G126_aCg11	<input type="checkbox"/>				
ARCES Q12 11.12 I fail to see what I am looking for even though I am looking right at it G126_aCg12	<input type="checkbox"/>				

Prospective-Retrospective Memory Questionnaire Q12. These questions are about your memory

	Never = 1	Rarely = 2	Some times = 3	Quite Often = 4	Very Often = 5
PRMQ Q1 12.1 Do you decide to do something in a few minute’s time and then forget to do it? G126_Cog1	<input type="checkbox"/>				
PRMQ Q2 12.2 Do you fail to recognise a place you have visited before? G126_Cog2	<input type="checkbox"/>				
PRMQ Q3 12.3 Do you fail to do something you were supposed to do a few minutes later even though it’s in front of you, like take a pill or turn off the kettle? G126_Cog3	<input type="checkbox"/>				
PRMQ Q4 12.4 Do you forget something that you were told a few minutes before? G126_Cog4	<input type="checkbox"/>				
PRMQ Q5 12.5 Do you forget appointments if you are not prompted by someone else or by a reminder such as a calendar or a diary? G126_Cog5	<input type="checkbox"/>				
PRMQ Q6 12.6 Do you fail to recognise a character in a radio or television show from scene to scene? G126_Cog6	<input type="checkbox"/>				
PRMQ Q7 12.7 Do you forget to buy something you planned to buy, like a birthday card, even when you see the shop? G126_Cog7	<input type="checkbox"/>				
PRMQ Q8 12.8 Do you fail to recall things that happened in the last few days? G126_Cog8	<input type="checkbox"/>				
PRMQ Q9 12.9 Do you repeat the same story to the same person on different occasions? G126_Cog9	<input type="checkbox"/>				
PRMQ Q10 12.10 Do you intend to take something with you, before leaving a room or going out, but minutes later leave it behind you, even though it’s there in front of you? G126_Cog10	<input type="checkbox"/>				

PRMQ Q11 12.11 Do you mislay something that you have just put down, like a magazine or glasses? G126_Cog11	<input type="checkbox"/>				
PRMQ Q12 12.12 Do you fail to mention or give something to a visitor that you were asked to pass on? G126_Cog12	<input type="checkbox"/>				
PRMQ Q13 12.13 Do you look at something without realising you have seen it moments before? G126_Cog13	<input type="checkbox"/>				
PRMQ Q14 12.14 If you tried to contact a friend or relative who was out, would you forget to try again later? G126_Cog14	<input type="checkbox"/>				
PRMQ Q15 12.15 Do you forget what you watched on television the previous day? G126_Cog15	<input type="checkbox"/>				
PRMQ Q16 12.16 Do you forget to tell someone something you had meant to mention a few minutes ago. G126_Cog16	<input type="checkbox"/>				

END OF QUESTIONNAIRE – THANK YOU