

National Early Detection Screening (NEDS) of the Impact of the Novel Coronavirus (Covid-19) Pandemic on Sleep

The current novel coronavirus (Covid-19) pandemic has raised many questions and concerns, some of which impact on sleep. Given the importance of healthy sleep for immune function and well-being, the British Sleep Society is interested in the early detection of sleep-related problems resulting from the Covid-19 pandemic. Mental health, stress, anxiety and lifestyle changes during the lockdown may impact on sleep, even in subjects that were not infected. In addition, there might be an unknown direct impact on sleep in subjects who have had the infection.

We would be grateful if you took the time to fill in this questionnaire and consider distributing it to parties who may have an interest in sleep. The results will be used to inform sleep services to support patients in the months to come and establish an early monitoring of potentially newly occurring conditions.

The survey should take you about 10minutes to complete.

BSS statement on sleep-related advice during the coronavirus (Covid-19) pandemic
<https://www.sleepsociety.org.uk/wp-content/uploads/2020/04/BSS-statement-on-sleep-related-advice-during-the-coronavirus-Covid-19-pandemi.pdf>

General Government Advice on Covid-19 (not specific to sleep)

- General advice on what to do during the pandemic can be found at <https://www.gov.uk/coronavirus>.
- Patients with conditions other than Covid-19 are given particular advice on how to protect themselves. Find out whether you belong to a vulnerable group of patients at <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-do-we-mean-by-extremely-vulnerable>.

* Required

1) Do you currently feel refreshed from sleep? *

- Yes
- No

2a) Do you currently feel you sleep for long enough? *

- Yes
- No



2b) How long do you currently sleep? *

- less than 4 hours
- 4-5 hours
- 5-6 hours
- 6-7 hours
- 7-8 hours
- 8-9 hours
- 9-10 hours
- 10-11 hours
- 11-12 hours
- more than 12 hours

3a) Have you been infected with the Covid-19 virus? *

- Yes (continue with 3b)
- No (continue with 4)
- Maybe (possibly, but I had no test; continue with 3b)

3b) If yes or uncertain to 3a, do you have ongoing symptoms? (tick all that applies)

- No
- Dry cough
- Sore throat
- Headache
- Fever
- Breathlessness / Shortness of breath
- Chest pain
- Muscle pain
- Leg pain
- Loss of smell
- Skin rash
- Other (please specify in 3c)



3c) You selected 'other' in question 3b. Please let us know what you have experienced:

Your answer

4) Has anyone in your household / family been infected by the COVID-19 virus? *

- Yes
- No
- Maybe (possibly, but they had no test)

5) Have you or someone in your household needed to self-isolate? *

- Yes
- No

6) Have you needed to shield as a vulnerable person? *

- Yes
- No
- don't know

7) Have you felt that the COVID-19 pandemic or the lockdown have had an impact on your mental health (e.g. feeling low in mood, feeling more irritable)? *

- Yes
- No
- don't know

8a) Have you noticed a change in your sleep pattern during the Covid-19 pandemic? *

- Yes (continue with 8b)
- No (continue with 9)



8b) What have you noticed? (tick all that applies)

- Difficulties falling asleep
- Difficulties staying asleep
- Excessive sleepiness
- Disrupted sleep
- Nightmares
- Sleep paralysis (unable to move when waking)
- Sleepwalking
- Talking in your sleep
- Eating while asleep
- Abnormal movements (e.g. limbs or trunk)
- Breathlessness / shortness of breath during the night
- Breath holding
- Choking / gasping at night
- Night sweats
- Morning headache
- Restless legs / periodic limb movements
- Naps required by daytime
- Falls / Injuries
- Falling asleep unintentionally
- Cramps
- Abnormal sleep rhythm (advanced / delayed)
- Going to bed earlier
- Going to bed later
- Getting up earlier
- Getting up later
- Other (please specify in 8c)

8c) You selected 'other' in question 8b. Please let us know what you have experienced.

Your answer



9) Do you currently feel more sleepy than before the lockdown? *

- Yes
- No
- undecided

10) Are you more easily fatigued or worn out when exercising compared to before the lockdown? *

- Yes
- No
- undecided

11a) Are you concerned about your sleep during the pandemic? *

- Yes (continue with 11b)
- No (continue with 12)

11b) How concerned are you about your sleep on a scale from 0 (not at all concerned) to 10 (very concerned)?

0 1 2 3 4 5 6 7 8 9 10

not at all concerned very concerned

12a) Are you concerned about the sleep of someone in your family / household? *

- Yes (continue with 12b)
- No (continue with the question A in the next section)



12b) You mentioned above that you were concerned about the sleep of someone in your family / household, please specify.

- Partner
- Children
- Parents
- Friends
- Colleague
- Other

Thank you for answering these questions about sleep-related issues during the COVID-19 pandemic. You have almost finished the survey. In the below, we would like to know a bit more about you.

A) Do you belong to any key worker group (e.g. NHS, public transport, post office, teacher, truck driver, and others)? *

- Yes
- No
- don't know

B) Age in years. *

Your answer

C1) Gender *

- Female
- Male
- X
- Prefer not to say
- Other (please specify in C2)



C2) If you indicated 'other' in the question above, please specify.

Your answer

D1) Ethnic background *

- White
- Black
- Asian
- Other (please specify in D2)

D2) If you indicated 'other' in the question above, please specify.

Your answer

E) Height in meters (m) *

Your answer

F) Weight in kilogram (kg) *

Your answer

G) Do you have any disability? *

- Yes
- No
- Prefer not to say

H) Do you belong to a vulnerable group or require 'shielding'? *

- Yes
- No
- Prefer not to say



I) Do you drink more alcohol than before the lockdown? *

- Yes
- No
- Prefer not to say

J1) Did you take any sleeping pills during the lockdown? *

- Yes
- No
- Prefer not to say

J2) Did you already take sleeping pills before the lockdown? *

- Yes
- No
- Prefer not to say

K) Do you take any other sleep-related medication? *

- Yes
- No
- Prefer not to say

L) On a scale to estimate your health today (0-10), where '0' indicates worst and '10' best health, how would you rate your current health? *

0 1 2 3 4 5 6 7 8 9 10

worst best

Thank you very much, you have now completed the survey. If you have any concerns regarding the content of the survey, please contact us at the BSS head office (contact details see webpage) or speak to your GP about your sleep or related problems.



If you have urgent medical need related to an acute Covid-19 infection then call 111, only in life-threatening emergencies call 999. Before you call please consider whether your query is urgent, as phone lines will be exceptionally busy during these times and other users may not get through if you have a less urgent request. If you require less urgent Covid-19 information, it is better to consult the advice on the NHS website:
<https://www.nhs.uk/conditions/coronavirus-covid-19/>.

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