The Basic Nordic Sleep Questionnaire (BNSQ) was developed by the Scandinavian Society for Sleep Research. The BNSQ provides a “basic” set of questions along with a “basic” response scale. Clinicians or researchers may add their own questions, and are encouraged to use response choices that are consistent with the scales below. Response choices such as “sometimes” and “often,” which commonly appear in other instruments, are avoided in favor of less ambiguous choices (e.g., “less than once per week” and “on 1-2 days per week”).

**BASIC NORDIC SLEEP QUESTIONNAIRE (BNSQ)**

The Basic Nordic Sleep Questionnaire consists of 27 different items in 21 main questions.

Remember to give instructions to fill the questionnaire with examples. This can be done on the questionnaire or on a separate coversheet.

Ask for demographic data, age, weight, height, etc. Always calculate body mass index: BMI = weight/height² (kg/m²). Collect necessary data for other indices if needed.

The basic scale is as follows:  

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>never or less than once per month</td>
</tr>
<tr>
<td>2</td>
<td>less than once per week</td>
</tr>
<tr>
<td>3</td>
<td>on 1-2 days per week</td>
</tr>
<tr>
<td>4</td>
<td>on 3-5 days per week</td>
</tr>
<tr>
<td>5</td>
<td>daily or almost daily</td>
</tr>
</tbody>
</table>

Alternate scale*:  

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>never</td>
</tr>
<tr>
<td>2</td>
<td>less than once per month</td>
</tr>
<tr>
<td>3</td>
<td>less than once per week</td>
</tr>
<tr>
<td>4</td>
<td>on 1-2 days per week</td>
</tr>
<tr>
<td>5</td>
<td>on 3-5 days per week</td>
</tr>
<tr>
<td>6</td>
<td>daily or almost daily</td>
</tr>
</tbody>
</table>

*In questioning parasomnias or other rarely occurring disorders in epidemiological research, a 6th category (never) may be added. Categories 1 and 2 may then be summed if needed for statistical purposes (transform 2 to 1, 3 to 2, 4 to 3, 5 to 4 and 6 to 5).

Use “nights” instead of “days” if more appropriate.

The questions should ask about the past three months. Other time scales may be used if necessary for specific purposes.

The basic questions are listed below. Other questions may be added as needed for each purpose. Use the same quantitative scale whenever possible instead of qualitative scales (sometimes, often, etc.).

1. Have you had difficulties falling asleep during the past three months?  
   1 never or less than once per month  
   2 less than once per week  
   3 on 1-2 days per week  
   4 on 3-5 days per week  
   5 daily or almost daily  

2. How long (how many minutes as an average) do you stay awake in bed before you fall asleep (after lights off)?  
   a. On work days: it takes about ____ minutes before I fall asleep  
   b. On non-work days: it takes about ____ minutes  

3. How often have you wokened at night during the past three months?  
   1 never or less than once per month  
   2 less than once per week  
   3 on 1-2 nights per week  
   4 on 3-5 nights per week  
   5 every night or almost every night  

4. How many times do you usually wake up during one night (during the past three months)?  
   1 usually I don’t wake up at night  
   2 once per night  
   3 2 times  
   4 3-4 times  
   5 at least 5 times per night  

5. How often have you awakened too early in the morning without being able to fall asleep again during the past three months?  
   1 never or less than once per month  
   2 less than once per week  
   3 on 1-2 days per week  
   4 on 3-5 days per week  
   5 daily or almost daily  

[continued on next page]
6. How well have you been sleeping during the past three months?
   1 well
   2 rather well
   3 neither well nor badly
   4 rather badly
   5 badly

7. Have you used sleeping pills (by prescription) during the past three months?
   1 never or less than once per month
   2 less than once per week
   3 on 1-2 nights per week
   4 on 3-5 nights per week
   5 daily or almost daily
Which sleeping pill(s):______________________________

8. Do you feel excessively sleepy in the morning after awakening?
   1 never or less than once per month
   2 less than once per week
   3 on 1-2 days per week
   4 on 3-5 days per week
   5 daily or almost daily

9. Do you feel excessively sleepy during daytime?
   1 never or less than once per month
   2 less than once per week
   3 on 1-2 days per week
   4 on 3-5 days per week
   5 daily or almost daily

10. Have you suffered from an irresistible tendency to fall asleep while at work during the past three months?
    1 never or less than once per month
    2 less than once per week
    3 on 1-2 days per week
    4 on 3-5 days per week
    5 daily or almost daily

11. Have you suffered from an irresistible tendency to fall asleep during free time (leisure time) during the past three months?
    1 never or less than once per month
    2 less than once per week
    3 on 1-2 days per week
    4 on 3-5 days per week
    5 daily or almost daily

12. How many hours do you usually sleep per night?
    I sleep about ____ hours per night.

13. At what time do you usually go to bed (in order to sleep)?
    a. during work week: at ____
    b. during free days: at ____

14. At what time do you usually wake up?
    a. during work week: at ____
    b. during free days: at ____

15a. How often do you take naps during the day?
    1 never or less than once per month
    2 less than once per week
    3 on 1-2 days per week
    4 on 3-5 days per week
    5 daily or almost daily

15b. If you take a nap, how long does it usually last?
    My naps usually last about ____ h ____ min

16. Do you snore while sleeping? (Ask other people if you are not sure.)
    1 never or less than once per month
    2 less than once per week
    3 on 1-2 nights per week
    4 on 3-5 nights per week
    5 every night or almost every night

17. How do you snore? (Ask other people about the quality of your snoring.)
    1 I don't snore
    2 my snoring sounds regular and low (soft)
    3 it sounds regular but rather loud
    4 it sounds regular but it is very loud (other people hear my snoring in the next room)
    5 I snore very loudly and intermittently (there are silent breathing pauses when snoring is not heard and at times very loud snorts with gasping)

18. Have you had breathing pauses (sleep apnea) while sleeping (have other people noticed that you have pauses in respiration when you sleep)?
    1 never or less than once per month
    2 less than once per week
    3 on 1-2 nights per week
    4 on 3-5 nights per week
    5 every night or almost every night

19. If you snore at least 1-2 times per week, how many years have you been snoring? (Ask other people if you don't know.)
    I have been snoring for about ____ years. I was about ____ years old when I started to snore.

20. How many hours of sleep do you need per night (how many hours would you sleep if you had the possibility to sleep as long as you needed to)?
    I need ____ hours and ____ min of sleep per night.

21. If you have problems with your sleep, what kind of problems do you have? (Describe your problems in your own words):
    ___________________________________________________________
    ___________________________________________________________
    ___________________________________________________________
    ____________________________________________________________________

The BNSQ was developed by a task group of the Scandinavian Society for Sleep Research which consisted of: Partinen M (Finland, chairman), Björnsson JK (Iceland), Gislason T (Iceland), Hansen P (Denmark), Hetta J (Sweden), Jennum P (Denmark), Ovesen J (Denmark), Åkerstedt T (Sweden), Wilson JA (Norway). The BNSQ is published in: Partinen M & Gislason T. Journal of Sleep Research, 4 [suppl]:150-155, 1995. The BNSQ is reprinted by permission.

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