This questionnaire was developed in order to assess the frequency of specific night-time behaviors.

Please heed the following when answering the questionnaire

1. Please don't forget to complete the column marked with a dark line and the heading “How do you know that you exhibited this behavior?” The behavior in question always applies when it has actually been observed by you and/or by another person (e.g. in the family or in the adjacent bedroom).

2. Please use the column “Comments” to provide more detail whenever:
   - you find it difficult to specify the frequency in terms of “seldom/sometimes/often”, because the described behavior occurs at extremely irregular intervals;
   - the description of night-time behavior is similar to but does not quite correspond with your behavior;
   - you have an idea as to why the behavior may be occurring (e.g. the cause for night-time calf cramps could be a lack of magnesium)

3. Please use the column “Was observed years ago but not any more” in the case a behavior set forth in the list occurred a long time ago but not regularly or does not occur at the moment.
# Munich Parasomnia Screening (MUPS)

## Particulars

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Height /cm</th>
<th>Weight /kg</th>
<th>Medication</th>
<th>Diagnoses</th>
</tr>
</thead>
</table>

## Details on general sleep behavior

1. Do you at present sleep alone or are you sharing your bedroom / your bed with another person?
   - ○ Alone
   - ○ Another person

2. Do you suffer from disturbed sleep?
   - ○ No
   - ○ Yes, namely______________________________________________________________