

The patients were carefully instructed to fill in the following checklist every morning after awakening.

Day (date: )

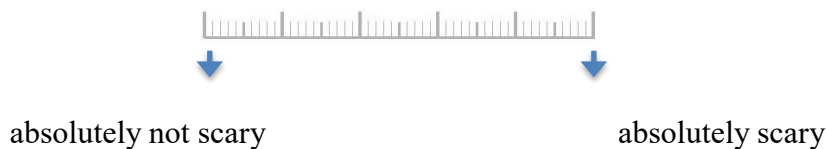
Q1. Did you experience a vivid dream last night? If you experienced a dream, was it a pleasant dream or a nightmare? Please check.

1. nightmare
2. pleasant dream

Also, please describe the contents of the dream in the blank.

Q2. If the dream was a nightmare, please indicate how much scary the dream was by marking a position along a continuous 100-mm horizontal visual analog scale (left [0 mm], absolutely not scary; right [50 mm], absolutely scary) as shown below.

Please indicate.



Q3. Did you kick the walls or violently move your limbs while sleeping? Was there any other strange and complex gesture or behavior during your sleep? Also please ask your bed partner.

1. Yes
2. No

Q4. Did you injure somebody during the dream or when you woke up the next morning?

1. Yes
2. No

Q5. Did you harm your bed partner such as by beating or kicking the person while you were sleeping? Also please ask your bed partner.

1. Yes
2. No

Q6. Did you fall out of bed during the dream?

1. Yes
2. No

Q7. Did you shout, laugh loudly, or talk loudly while you were sleeping? Also please ask your bed partner.

1. Yes
2. No

Q8. Did you wake up during the night because of your dreams?

1. Yes
2. No

Q9. Did you experience any visual, auditory, olfactory, or tactile hallucinations yesterday or last night? Also please ask your partner.

1. Yes
2. No

If yes, please write the contents of hallucinations in the blank.

Q10. Did you drink alcohol last night?

1. Yes
2. No