

Hypervigilance Questionnaire version 2.0

Dr. Mark Doidge, M.D., Gaurav Anand, M.D.

September 21, 2020

Please place a check mark for every question. For the last question, type your answer in the text box provided. After completing the questionnaire, click on the "submit" button at the end. If you have any questions please call us at: 416-461-2419.

Last Name: _____ First Name: _____

When answering for the following questions, based on the past 4 weeks, try to compare yourself to what you think is “normal” for other people.

Questions	Never (0)	Sometimes (1)	Often (2)
Daytime Hypervigilance: Please answer for your daytime experiences			
1. Do you suffer from a heightened readiness to react to danger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you in a constant state of heightened alertness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the slightest threat get your attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you especially intense in watching out for certain people, such as a baby or ill household member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you overanalyze situations as dangerous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you tend to worry that your small aches and pains indicate an extreme concern/catastrophe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you tend to intensely scan the area around you for signs of danger during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you engage in excessive physical-safety seeking behaviours (e.g. triple checking locked doors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you overreact to situations that had seemed dangerous at the time, but you later realized they were harmless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you excessively prone to startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you believe that if you are not extremely careful, someone or something is going to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you notice small potential dangers readily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does being over-alert exhaust you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you excessively on the lookout for suspicious sights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you especially jumpy to small sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you excessively on the lookout for suspicious sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night-time Hypervigilance: Please answer for your night-time experiences			
1. Do you place defensive tools near your bed because you are worried that strangers will come into your bedroom at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have the impression that your mind is “on-guard” during the night and intensely listening for sounds indicating danger to you or someone else in your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you now, or have you in the past, had a habit of *sleeping lightly while looking for signs of danger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do/did you check on loved ones that are sleeping in your bedroom during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you go to sleep with the lights on as an attempt to be ready for trouble/danger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Before going to bed, do you take actions to ensure you can make a quick escape if necessary (i.e. having your purse or other essential property close at hand)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7a. Do you wake up easily to sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. If so, what type of sound(s)?			
8. Do you especially wake to strange, suspicious, or unidentified sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If you wake to a sound, do you immediately get out of bed to investigate it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have *light sleep whereby you are not sleeping deeply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you experience being half-asleep whereby you are thinking in your sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you develop a *light sleep problem during exposure to an atmosphere of danger (Examples: moving into a dangerous neighbourhood, news of a break-in in your neighbourhood, worry your baby/child will choke at night, worry because an alcoholic parent/family member screaming at night, danger of being sexually abused in your bedroom at night, bombing of sounds at night in a war-torn area, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Light sleep is the brain state that occurs when a person feels they are not sleeping deeply and they are awoken easily specially to sounds. Typically, it is associated with feeling unrefreshed the next morning.

Total Daytime Hypervigilance Score: /32

Total Night-time Hypervigilance Score: /22

Date Completed: _____