

Practice Quiz Pack 06

Elimination & Sleep-Wake (Ch 11-12)

Printable practice set. Questions first, full answer key at the end of each chapter.

Chapter 11 — Elimination Disorders

Practice Questions

Chapter overview

1. The two elimination disorders are:
 - A. Pica and rumination
 - B. Enuresis and constipation
 - C. Encopresis and incontinence of aging
 - D. Enuresis and encopresis
2. Enuresis involves the repeated voiding of:
 - A. Urine into the bed or clothes
 - B. Feces into inappropriate places
 - C. Food that is regurgitated
 - D. Non-food substances
3. Encopresis involves the repeated passage of:
 - A. Urine into the bed
 - B. Feces into inappropriate places
 - C. Regurgitated food
 - D. Non-food substances
4. The minimum chronological age for a diagnosis of enuresis is:
 - A. 3
 - B. 4
 - C. 5
 - D. 7
5. The minimum chronological age for a diagnosis of encopresis is:
 - A. 3
 - B. 5
 - C. 6
 - D. 4
6. The elimination behaviors in these disorders can be either involuntary or intentional. True / False
7. The elimination disorders became their own chapter in DSM-5. True / False
8. The elimination disorder involving urine is _____.

Enuresis

9. The frequency and duration requirement for enuresis is:
 - A. At least twice a week for three consecutive months, or clinically significant distress or impairment
 - B. Once a month for a year
 - C. Daily for one week
 - D. Once ever
10. The most common subtype of enuresis is:
 - A. Diurnal only
 - B. Nocturnal only
 - C. Nocturnal and diurnal
 - D. None of these
11. Primary enuresis means the child:
 - A. Was dry and then relapsed
 - B. Only wets during the day
 - C. Has never established a period of urinary continence
 - D. Has a bowel problem
12. Secondary enuresis refers to wetting that:
 - A. Has always been present
 - B. Is only daytime
 - C. Is due to feces
 - D. Returns after a period of established continence
13. Enuresis is NOT diagnosed when the wetting is fully explained by:
 - A. A diuretic medication or a medical condition such as a urinary tract infection or diabetes
 - B. A bad dream

- C. Drinking water earlier in the day
- D. A new sibling

14. A 7-year-old wets the bed during sleep three nights a week for the past four months, has never had a dry stretch, and has a normal urinalysis. What is the diagnosis, its DSM subtype, and its clinical course pattern?

- A. Enuresis, diurnal only, secondary
- B. Enuresis, nocturnal only, primary
- C. Encopresis
- D. Not a disorder

15. A 9-year-old who was reliably dry for two years begins wetting the bed again after his parents' divorce. This is:

- A. Primary nocturnal enuresis
- B. Diurnal enuresis
- C. Secondary nocturnal enuresis
- D. Encopresis

16. Enuresis can be diagnosed in a 4-year-old who wets the bed nightly. True / False

17. Daytime-only wetting in a school-age child would be specified as:

- A. Nocturnal only
- B. Nocturnal and diurnal
- C. Primary
- D. Diurnal only

18. Enuresis is more common in boys than girls, particularly the nocturnal form. True / False

19. Which workup is most appropriate before diagnosing enuresis?

- A. A basic medical evaluation to exclude urinary tract infection, diabetes, or structural problems
- B. A brain MRI in all cases
- C. Genetic testing
- D. No evaluation is needed

20. Significant distress or impairment can substitute for the twice-weekly frequency in enuresis. True / False

21. The enuresis subtype that involves wetting both day and night is:

- A. Nocturnal only
- B. Nocturnal and diurnal
- C. Diurnal only
- D. Primary

22. Which is a reason secondary enuresis is clinically notable?

- A. It is never treatable
- B. It occurs only in adults
- C. It is more often associated with a psychosocial stressor or a new medical condition
- D. It is caused by feces

23. The most common enuresis subtype, bedwetting during sleep, is the _____ only type.

24. A 6-year-old wets the bed about once a month, with no distress and no impairment. Does this meet enuresis criteria?

- A. Yes, any wetting qualifies
- B. Yes, because he is over 5
- C. Only if he also soils
- D. No, the frequency is below twice a week and there is no distress or impairment

Encopresis

25. The frequency and duration requirement for encopresis is:

- A. At least once a month for three months
- B. At least twice a week for three months
- C. Daily for a week
- D. Once ever

26. The two subtypes of encopresis are:

- A. Nocturnal and diurnal
- B. With constipation and overflow incontinence, and without constipation and overflow incontinence
- C. Primary and secondary
- D. Mild and severe

27. The common, retentive subtype of encopresis involves:

- A. No constipation at all
- B. Urine leakage
- C. Overflow incontinence, where liquid stool leaks around retained, hard stool
- D. Vomiting

- 28.** A 6-year-old soils his underwear several times a week; examination reveals severe constipation with a large fecal mass and leakage of soft stool around it. Best diagnosis and subtype?
- Encopresis, without constipation and overflow incontinence
 - Enuresis
 - Not a disorder
 - Encopresis, with constipation and overflow incontinence
- 29.** A 7-year-old intentionally deposits formed stool in inappropriate places, without any constipation. Best subtype?
- Without constipation and overflow incontinence
 - With constipation and overflow incontinence
 - Nocturnal
 - Primary
- 30.** Encopresis can be diagnosed in a 3-year-old. True / False
- 31.** For encopresis, constipation can be part of the disorder itself rather than an exclusion. True / False
- 32.** Encopresis is NOT diagnosed when the soiling is fully explained by:
- Toilet anxiety
 - A substance effect or another medical condition that fully explains the soiling through a mechanism not involving constipation
 - A change of school
 - A stressful event
- 33.** Which is the more common subtype of encopresis?
- With constipation and overflow incontinence
 - Without constipation and overflow incontinence
 - They are equally common
 - Neither occurs in children
- 34.** Overflow incontinence means the passage of large, well-formed stools. True / False
- 35.** Before diagnosing encopresis, it is important to evaluate for:
- A brain tumor in all cases
 - Diabetes insipidus
 - Constipation and other bowel conditions
 - A urinary tract infection only
- 36.** Comparing the frequency-only thresholds, the encopresis minimum of one event per month is what relative to enuresis?
- Higher than the enuresis minimum
 - The same as enuresis
 - Not specified
 - Lower than enuresis's twice-weekly threshold; enuresis also allows a distress or impairment alternative to the frequency count
- 37.** Soiling entirely attributable to another medical condition, through a mechanism that does not involve constipation, would be diagnosed as encopresis. True / False
- 38.** The common retentive subtype of encopresis is 'with constipation and _____ incontinence.'

Differentials and integration

- 39.** Which is the single best discriminator between the two elimination disorders?
- Whether urine (enuresis) or feces (encopresis) is passed inappropriately
 - The child's sex
 - The time of day
 - The child's intelligence
- 40.** Which pairing of disorder and age threshold is correct?
- Enuresis - age 4; encopresis - age 5
 - Enuresis - age 5; encopresis - age 4
 - Both - age 3
 - Both - age 7
- 41.** Match each disorder (left) to its threshold and substance (right).
- | | |
|---------------|---|
| 1. Enuresis | A. Feces; age 4; at least once a month for 3 months |
| 2. Encopresis | B. Urine; age 5; at least twice a week for 3 months (or distress) |
- 42.** A medical evaluation to exclude causes that fully explain the symptoms is part of diagnosing both elimination disorders. True / False

43. A developmentally typical 5-year-old has wet the bed twice weekly and passed stool into underwear once weekly for the past 4 months. Fecal leakage occurs around retained stool. The urinary symptoms are not attributable to a substance or medical condition, and the fecal symptoms are attributable to constipation with no other explanatory cause. Which diagnoses can be assigned?

- A. Both diagnoses can be made: enuresis and encopresis with constipation and overflow incontinence
- B. Only one diagnosis is ever allowed
- C. Neither qualifies
- D. Diagnose a neurocognitive disorder

44. The elimination disorder involving the inappropriate passage of feces is _____.

Answer Key

- **1: D.** Enuresis and encopresis.
- **2: A.** Urine into bed or clothes.
- **3: B.** Feces into inappropriate places.
- **4: C.** Age 5 for enuresis.
- **5: D.** Age 4 for encopresis.
- **6: True.** Involuntary or intentional.
- **7: True.** Standalone chapter in DSM-5.
- **8: enuresis.**
- **9: A.** Twice weekly for 3 months, or distress.
- **10: B.** Nocturnal only.
- **11: C.** Never established continence.
- **12: D.** Returns after a dry period.
- **13: A.** Diuretic or a medical condition (UTI, diabetes).
- **14: B.** Enuresis, nocturnal only, primary.
- **15: C.** Secondary nocturnal enuresis.
- **16: False.** Minimum age is 5.
- **17: D.** Diurnal only.
- **18: True.** More common in boys.
- **19: A.** Basic medical evaluation.
- **20: True.** Distress/impairment can substitute.
- **21: B.** Nocturnal and diurnal.
- **22: C.** Linked to a stressor or new medical cause.
- **23: nocturnal.**
- **24: D.** Below frequency, no distress or impairment.
- **25: A.** Once a month for three months.
- **26: B.** With or without constipation and overflow.
- **27: C.** Overflow around retained hard stool.
- **28: D.** Encopresis, with constipation and overflow.
- **29: A.** Without constipation and overflow.
- **30: False.** Minimum age is 4.
- **31: True.** Constipation can be part of the disorder.
- **32: B.** A substance or non-functional bowel disease.
- **33: A.** With constipation and overflow (more common).
- **34: False.** It is leakage around a retained mass.
- **35: C.** Constipation and bowel conditions.
- **36: D.** Lower than the enuresis minimum.
- **37: False.** A fully explanatory medical cause excludes it.
- **38: overflow.**
- **39: A.** Urine versus feces.
- **40: B.** Enuresis age 5; encopresis age 4.
- **41: 1-B, 2-A.**
- **42: True.** Exclude fully explanatory causes.
- **43: A.** Both can be diagnosed together.
- **44: encopresis.**

Chapter 12 — Sleep-Wake Disorders

Practice Questions

Overview and sleep basics

1. Which set of presenting complaints is useful for initially organizing a clinical differential diagnosis of sleep-wake disorders?
 - A. The patient's age only
 - B. The medication used
 - C. The chief complaint (cannot sleep, too sleepy, odd events, wrong timing)
 - D. The season
2. Deep non-REM sleep predominates in which part of the night?
 - A. The last third
 - B. Only at dawn
 - C. It is evenly distributed
 - D. The first third
3. REM sleep, the dreaming stage with muscle paralysis, is concentrated in:
 - A. The second half of the night
 - B. The first hour only
 - C. Daytime naps only
 - D. It does not occur at night
4. DSM-5 removed which distinction for insomnia?
 - A. Nocturnal versus diurnal
 - B. Primary versus secondary
 - C. Mild versus severe
 - D. REM versus non-REM
5. Sleep terrors and sleepwalking arise from deep non-REM sleep, usually early in the night. True / False
6. Nightmares and REM sleep behavior disorder are associated with REM sleep, later in the night. True / False
7. Which became a full, independent disorder in DSM-5?
 - A. Pica
 - B. Delirium
 - C. REM sleep behavior disorder and restless legs syndrome
 - D. Enuresis
8. The dreaming stage of sleep, with muscle paralysis, is _____ sleep.

Insomnia and hypersomnolence

9. Insomnia disorder involves difficulty with:
 - A. Excessive daytime sleep
 - B. Acting out dreams
 - C. Breathing during sleep
 - D. Falling asleep, staying asleep, or waking too early
10. The frequency and duration for insomnia disorder is:
 - A. At least three nights a week for three months
 - B. Once a week for one month
 - C. Daily for one week
 - D. Once a month for a year
11. Insomnia disorder requires that the person had adequate opportunity to sleep. True / False
12. Hypersomnolence disorder is excessive sleepiness despite a main sleep period of at least:
 - A. 3 hours
 - B. 7 hours
 - C. 12 hours
 - D. 1 hour
13. A 45-year-old cannot fall asleep for over an hour most nights and wakes repeatedly, for the past four months, despite a good sleep environment, and is distressed and tired by day. Best diagnosis?
 - A. Hypersomnolence disorder
 - B. Narcolepsy
 - C. Insomnia disorder

D. Nightmare disorder

14. A person who sleeps nine hours nightly yet remains profoundly sleepy during the day, napping repeatedly, for months, most likely has:

- A. Insomnia disorder
- B. Restless legs syndrome
- C. A circadian rhythm disorder
- D. Hypersomnolence disorder

15. Under DSM-5, insomnia disorder can be diagnosed even when a coexisting medical or mental condition is present.

True / False

16. Which best separates hypersomnolence disorder from insomnia disorder?

- A. Hypersomnolence is excessive sleepiness despite adequate sleep; insomnia is difficulty obtaining sleep
- B. They are identical
- C. Hypersomnolence occurs only in children
- D. Insomnia has no daytime effects

17. Insomnia disorder requires clinically significant distress or functional impairment. True / False

18. Insomnia disorder requires symptoms at least three nights a week for _____ months.

Narcolepsy

19. The near-specific feature that points to narcolepsy is:

- A. Snoring
- B. Cataplexy
- C. Restless legs
- D. Early-morning awakening

20. Cataplexy is:

- A. A loss of consciousness with seizures
- B. An inability to breathe during sleep
- C. Sudden bilateral loss of muscle tone triggered by strong emotion, with consciousness preserved
- D. A vivid nightmare

21. Narcolepsy is associated with a deficiency of which neuropeptide?

- A. Dopamine
- B. Serotonin
- C. Insulin
- D. Hypocretin (orexin)

22. The core complaint of narcolepsy is:

- A. Recurrent irrepressible attacks of sleep
- B. Snoring
- C. Difficulty falling asleep
- D. Leg discomfort at rest

23. A 20-year-old has daily irresistible sleep attacks and episodes where his knees buckle and he slumps briefly whenever he laughs hard, remaining fully aware. Best diagnosis?

- A. Insomnia disorder
- B. Narcolepsy (with cataplexy)
- C. Obstructive sleep apnea
- D. Nightmare disorder

24. During cataplexy, the person loses consciousness. True / False

25. Which can confirm narcolepsy when cataplexy is absent?

- A. A normal physical exam
- B. A family history of insomnia
- C. Hypocretin deficiency or characteristic REM findings on sleep testing
- D. A single poor night of sleep

26. Sudden, emotion-triggered loss of muscle tone with preserved awareness is _____.

Breathing-related sleep disorders

27. Obstructive sleep apnea hypopnea is characterized by:

- A. Acting out dreams
- B. Leg discomfort at rest
- C. Difficulty falling asleep only
- D. Repeated obstructive breathing events during sleep, with snoring and daytime sleepiness

28. Which is commonly associated with obstructive sleep apnea?

- A. Obesity and loud snoring with witnessed breathing pauses
 - B. A thin build with no snoring
 - C. Cataplexy
 - D. Restless legs
- 29.** Obstructive sleep apnea is confirmed by:
- A. A single blood test
 - B. Polysomnography showing at least 5 obstructive events per hour with qualifying symptoms, or at least 15 per hour regardless of symptoms
 - C. A nightmare diary
 - D. A leg movement count while awake
- 30.** The difference between obstructive and central sleep apnea is that central apnea involves:
- A. A blocked airway despite effort
 - B. Leg movements
 - C. A lack of respiratory effort (the drive to breathe is interrupted)
 - D. Nightmares
- 31.** A 50-year-old man with obesity snores loudly, stops breathing repeatedly at night (witnessed by his partner), and is severely sleepy by day. Best next step and likely diagnosis?
- A. No workup; insomnia disorder
 - B. A nightmare diary; nightmare disorder
 - C. Reassurance; normal sleep
 - D. Polysomnography; obstructive sleep apnea
- 32.** Daytime sleepiness and fatigue are common consequences of untreated obstructive sleep apnea. True / False

Circadian rhythm sleep-wake disorders

- 33.** Circadian rhythm sleep-wake disorders arise from:
- A. Alteration of the circadian timing system, misalignment between internal rhythms and the desired or required schedule, or both
 - B. A blocked airway
 - C. Loss of REM atonia
 - D. Leg discomfort
- 34.** A teenager cannot fall asleep until 3 a.m. and struggles to wake for school, but sleeps normally if allowed his own late schedule. Best type?
- A. Advanced sleep phase type
 - B. Delayed sleep phase type
 - C. Shift-work type
 - D. Insomnia disorder
- 35.** An older adult falls asleep at 7 p.m. and wakes at 3 a.m., unable to stay awake in the evening. Best type?
- A. Delayed sleep phase type
 - B. Shift-work type
 - C. Advanced sleep phase type
 - D. Non-24-hour type
- 36.** A nurse who rotates between day and night shifts has sleepiness and insomnia tied to her changing schedule. Best type?
- A. Delayed sleep phase type
 - B. Advanced sleep phase type
 - C. Nightmare disorder
 - D. Shift-work type
- 37.** In the delayed sleep phase type, the person typically sleeps well if allowed to follow their preferred late schedule. True / False
- 38.** A persistently late sleep-wake pattern, common in adolescents, is the _____ sleep phase type.

Parasomnias

- 39.** Non-REM sleep arousal disorders (sleepwalking and sleep terrors) occur:
- A. During deep non-REM sleep, usually in the first third of the night, with amnesia for the episode
 - B. During REM sleep, with vivid dream recall
 - C. Only during naps
 - D. While fully awake
- 40.** A sleep terror is characterized by:
- A. A vivid, well-remembered frightening dream

- B. An abrupt arousal with a scream, intense fear, autonomic surge, and little dream recall
 - C. Acting out a dream
 - D. An urge to move the legs
- 41.** Nightmare disorder differs from sleep terrors in that nightmares:
- A. Occur in deep non-REM sleep with amnesia
 - B. Involve acting out dreams
 - C. Occur in REM (second half of the night) and are well remembered, with rapid full alertness on waking
 - D. Involve breathing pauses
- 42.** REM sleep behavior disorder is characterized by:
- A. Sleepwalking from deep non-REM sleep
 - B. An urge to move the legs at rest
 - C. Loud snoring with apneas
 - D. Acting out dreams (vocalizing, punching, kicking) during REM sleep because normal paralysis is lost
- 43.** REM sleep behavior disorder is strongly associated with later development of:
- A. Parkinson's disease and Lewy body disease (synucleinopathies)
 - B. Diabetes
 - C. Asthma
 - D. Appendicitis
- 44.** Restless legs syndrome is defined by:
- A. Acting out dreams
 - B. An urge to move the legs, usually with uncomfortable sensations, worse at rest and in the evening and relieved by movement
 - C. Loud snoring
 - D. Difficulty waking in the morning
- 45.** A 6-year-old sits up an hour after falling asleep, screams in terror with a racing heart and sweating, does not respond to his parents, and has no memory of it the next morning. Best diagnosis?
- A. Nightmare disorder
 - B. REM sleep behavior disorder
 - C. Sleep terror (non-REM arousal disorder)
 - D. Narcolepsy
- 46.** A 9-year-old wakes in the early morning hours frightened, vividly recalling a chasing dream, and is immediately alert and able to describe it. Best diagnosis?
- A. Sleep terror
 - B. REM sleep behavior disorder
 - C. Sleepwalking
 - D. Nightmare disorder
- 47.** A 68-year-old man punches and kicks during sleep, acting out vivid dreams, and has injured his wife; it happens in the later part of the night. Best diagnosis?
- A. REM sleep behavior disorder
 - B. Sleep terror
 - C. Nightmare disorder
 - D. Restless legs syndrome
- 48.** A person with a non-REM arousal disorder is usually easy to awaken and recalls the episode clearly. True / False
- 49.** Which parasomnia involves walking or complex behavior with a blank, unresponsive appearance and later amnesia?
- A. Nightmare disorder
 - B. Sleepwalking (non-REM arousal disorder)
 - C. REM sleep behavior disorder
 - D. Restless legs syndrome
- 50.** Restless legs syndrome symptoms typically improve with movement and worsen with rest. True / False
- 51.** Match each sleep condition (left) to its key feature (right).
- | | |
|--------------------------------|---|
| 1. Sleep terror | A. Vivid recalled dream, rapid alertness (REM, late) |
| 2. Nightmare disorder | B. Urge to move the legs, worse at rest |
| 3. REM sleep behavior disorder | C. Abrupt terror, autonomic surge, amnesia (non-REM, early) |
| 4. Restless legs syndrome | D. Acting out dreams, loss of REM atonia |
- 52.** Which timing clue best separates a sleep terror from a nightmare?
- A. Terrors occur at dawn only
 - B. Nightmares occur in deep non-REM sleep
 - C. First third of the night (terror) versus second half (nightmare)

D. Both occur only during naps

53. REM sleep behavior disorder can be an early warning sign of a future neurodegenerative disease. True / False

54. Acting out dreams because the normal REM muscle paralysis is lost defines _____ sleep behavior disorder.

Differentials and integration

55. Which complaint should prompt consideration of narcolepsy rather than simple sleepiness?

- A. Occasional yawning
- B. Mild evening tiredness
- C. Snoring alone
- D. Sudden emotion-triggered loss of muscle tone (cataplexy)

56. Which clue best points to obstructive sleep apnea as the cause of daytime sleepiness?

- A. Loud snoring with witnessed breathing pauses and obesity
- B. Cataplexy
- C. Acting out dreams
- D. A late sleep schedule

57. A college student sleeps well on weekends when he keeps his own hours but cannot fall asleep or wake for early classes. The best explanation is:

- A. Insomnia disorder
- B. A circadian rhythm disorder (delayed sleep phase type)
- C. Narcolepsy
- D. REM sleep behavior disorder

58. Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?

- A. Adding suicidal behavior codes
- B. Refreshing prevalence text
- C. Removing the primary/secondary insomnia distinction and making RBD and RLS full disorders
- D. Clarifying wording

59. A nightmare and a sleep terror are the same disorder. True / False

60. Which disorder involves acting out dreams, in contrast to the unresponsive, amnestic wandering of sleepwalking?

- A. Nightmare disorder
- B. Restless legs syndrome
- C. Insomnia disorder
- D. REM sleep behavior disorder

61. Match each complaint (left) to its disorder group (right).

- | | |
|------------------------------------|--|
| 1. Cannot fall or stay asleep | A. Parasomnias |
| 2. Too sleepy despite enough sleep | B. Circadian rhythm sleep-wake disorders |
| 3. Odd events during sleep | C. Insomnia disorder |
| 4. Sleeping at the wrong times | D. Hypersomnolence, narcolepsy, or sleep apnea |

62. Which feature distinguishes central from obstructive sleep apnea?

- A. Central apnea lacks respiratory effort; obstructive apnea has effort against a blocked airway
- B. Central apnea has louder snoring
- C. Obstructive apnea has no daytime effects
- D. They are identical

63. A diagnosis of insomnia disorder requires that the difficulty occur despite adequate opportunity and circumstances for sleep. True / False

64. A person reports an uncomfortable urge to move the legs each evening that keeps them from falling asleep, relieved by walking. Best diagnosis?

- A. Insomnia disorder
- B. Restless legs syndrome
- C. REM sleep behavior disorder
- D. Narcolepsy

65. Which clinical pattern best distinguishes a non-REM arousal disorder from REM sleep behavior disorder?

- A. Both occur only at dawn
- B. RBD occurs in deep non-REM sleep
- C. Non-REM arousal disorders typically show amnesia with little dream recall, while RBD often shows dream enactment with recalled content during REM
- D. They are the same

66. Difficulty obtaining sleep despite adequate opportunity, three or more nights a week for three months, is _____ disorder.

Answer Key

- **1: C.** Sort by chief complaint.
- **2: D.** First third of the night.
- **3: A.** Second half of the night.
- **4: B.** Primary versus secondary.
- **5: True.** Non-REM, first third.
- **6: True.** REM, later in the night.
- **7: C.** RBD and restless legs syndrome.
- **8: REM.**
- **9: D.** Onset, maintenance, or early waking.
- **10: A.** Three nights a week for three months.
- **11: True.** Adequate opportunity required.
- **12: B.** 7 hours.
- **13: C.** Insomnia disorder.
- **14: D.** Hypersomnolence disorder.
- **15: True.** Diagnosed even with comorbidity.
- **16: A.** Sleepiness despite sleep vs trouble sleeping.
- **17: True.** Distress or impairment required.
- **18: three.**
- **19: B.** Cataplexy.
- **20: C.** Emotion-triggered loss of tone, awareness kept.
- **21: D.** Hypocretin (orexin).
- **22: A.** Irrepressible sleep attacks.
- **23: B.** Narcolepsy (with cataplexy).
- **24: False.** Consciousness is preserved.
- **25: C.** Hypocretin deficiency or REM findings.
- **26: cataplexy.**
- **27: D.** Repeated obstructive events, snoring, sleepiness.
- **28: A.** Obesity and loud snoring with apneas.
- **29: B.** Polysomnography.
- **30: C.** No respiratory effort (central).
- **31: D.** Polysomnography; obstructive sleep apnea.
- **32: True.** Daytime sleepiness and fatigue.
- **33: A.** Clock-schedule mismatch.
- **34: B.** Delayed sleep phase type.
- **35: C.** Advanced sleep phase type.
- **36: D.** Shift-work type.
- **37: True.** Sleeps well on preferred schedule.
- **38: delayed.**
- **39: A.** Deep non-REM, first third, amnesia.
- **40: B.** Abrupt terror, autonomic surge, poor recall.
- **41: C.** REM, recalled, rapid alertness.
- **42: D.** Dream enactment during REM.
- **43: A.** Parkinson's and Lewy body disease.
- **44: B.** Leg urge, worse at rest, relieved by movement.
- **45: C.** Sleep terror.
- **46: D.** Nightmare disorder.
- **47: A.** REM sleep behavior disorder.
- **48: False.** Hard to awaken, amnesic.
- **49: B.** Sleepwalking.
- **50: True.** Improves with movement.
- **51: 1-C, 2-A, 3-D, 4-B.**
- **52: C.** First third versus second half.
- **53: True.** Precedes synucleinopathies.
- **54: REM.**
- **55: D.** Cataplexy.
- **56: A.** Snoring, witnessed apneas, obesity.
- **57: B.** Delayed sleep phase circadian disorder.
- **58: C.** Insomnia distinction removed; RBD/RLS full disorders.
- **59: False.** They are different.
- **60: D.** REM sleep behavior disorder.
- **61: 1-C, 2-D, 3-A, 4-B.**

- **62: A.** Effort absent (central) versus present (obstructive).
- **63: True.** Adequate opportunity required.
- **64: B.** Restless legs syndrome.
- **65: C.** Amnesia (non-REM) versus dream enactment (REM).
- **66: insomnia.**