



### Sleep Questionnaire

**Problem:**

Briefly describe your sleep problem:

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Has anyone in your immediate family ever had a sleep problem? If so, please describe:

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Please answer the following questions about your sleep routine:

What time do you go to bed? \_\_\_\_\_ AM/PM

What time do you wake up? \_\_\_\_\_ AM/PM

Do you use an alarm clock?  Yes  No

How many times per night do you wake up? \_\_\_\_\_

If you wake up during the night, what usually awakens you? \_\_\_\_\_

How long do you normally sleep? \_\_\_\_\_ Hours

Are you easily awakened?  Yes  No

Do you fall asleep easily?  Yes  No

Do you take naps?  Yes  No If so, how often: \_\_\_\_\_

Wake up to go to the bathroom?  Yes  No If so, how often: \_\_\_\_\_

- Wake up frequently  
 Headaches  
 Night sweats  
 Restless sleep  
 Wake up choking  
 Leg or body jerking  
 Wake up fatigued  
 Sleepy during the day  
 Trouble concentrating
- Fall asleep most nights before normal bedtime  
 Fall asleep easily  
 Fall asleep watching TV  
 Have trouble falling asleep  
 Fall asleep driving  
 Snoring, Cyclic with pauses  
 Snoring, Loud and Continuous  
 Snoring, Changes with body position  
 Apnea, Pauses in breathing

Symptoms that best describes your sleep complaint:

(Check ALL that apply)

Check ALL that best describes your sleep experience:

- |  |   |
|--|---|
| <input type="checkbox"/> Nightmares          | <input type="checkbox"/> Hallucinations, Vivid Dreams           |
| <input type="checkbox"/> Sleep Walking       | <input type="checkbox"/> Naps, daily                            |
| <input type="checkbox"/> Sleep Talking       | <input type="checkbox"/> Sleep, propped-up or in recliner chair |
| <input type="checkbox"/> Asthma Attacks      | <input type="checkbox"/> Restless Legs                          |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Depression                             |
| <input type="checkbox"/> Post Nasal drip     | <input type="checkbox"/> Dry Mouth                              |
| <input type="checkbox"/> Cough (Chronic)     | <input type="checkbox"/> Allergies                              |
| <input type="checkbox"/> Drop Attacks        | <input type="checkbox"/> Insomnia                               |
| <input type="checkbox"/> Sleep Paralysis     | <input type="checkbox"/> Use of a sleep aid, sleeping pill      |
| <input type="checkbox"/> Indigestion         | <input type="checkbox"/> Weight gain                            |
|  | <input type="checkbox"/> Seizures                               |

### Epworth Sleepiness Scale:

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in the **last three weeks**. Even if you have not done some of these recently, try to work out how they would have affected you. Rate your chance of dozing in each situation.

#### Situation

Sitting and Reading

#### Chance of Dozing

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

Watching TV

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

Sitting, inactive in a public place (i.e. a theater or meeting)

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

As a passenger in a car for an hour without a break

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing



Lying down to rest in the afternoon

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

Sitting and talking to someone

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

Sitting quietly after a lunch without alcohol

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

In a car, while stopping for a few minutes in the traffic

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing