Eastlake Sleep Center 841 Kuhn Drive, Suite 201 Chula Vista, CA 91914 (619) 623-3816 (619) 623-3824



Patient Sleep Questionnaire

Name	SSN:					
Age:	Date:					
Sex:	M F Tel:					
Refer	rring Physician:					
insert	e answer all questions. If you do not know the answer, or do not und t a question mark in the space. Bring the complete questionnaire to intment or overnight sleep study. Thank you.			•		η,
1.	I snore in my sleep	1	2	3	4	5
2.	I am told I snore loudly and bother others	1	2	3	4	5
3.	I am told I stop breathing ("hold my breath") in my sleep	1	2	3	4	5
4.	I awaken from sleep with a dry mouth	1	2	3	4	5
5.	I have a problem with nasal congestion/blockage at night	1	2	3	4	5
6.	I awaken suddenly gasping for air, unable to breath	1	2	3	4	5
7.	I sweat a great deal in my sleep	1	2	3	4	5
8.	I grind my teeth while I sleep	1	2	3	4	5
9.	I awaken from sleep with a headache	1	2	3	4	5
10.	My sleep is disturbed by heartburn and regurgitation (bringing up stomach fluid)	bitter 1	2	3	4	5
11.	My bed sheets are in disarray in the morning	1	2	3	4	5
12.	My leg movements during sleep bother my bed partner	1	2	3	4	5
13.	My sleep is disturbed by "restless legs" (a feeling of crawling, ach inability to keep legs still)	ing, 1	. 2	3	4	5

	Answer Key: 1-never 2-rarely 3-sometimes 4-usual	lly	5-al	ways	5		
14.	I feel unable to move (paralyzed) after a nap	1	2	3	4	5	
15.	I have dream-like images (hallucinations) when I awaken						
	even though I know I am not asleep	1	2	3	4	5	
16.	I get "weak knees" when I laugh	1	2	3	4	5	
17.	I get sudden muscular weakness when laughing, angry,						
	or emotional.	1	2	3	4	5	
18.	I tend to drop things when I laugh	1	2	3	4	5	
19.	I am excessively sleepy during the day time	1	2	3	4	5	
20.	I have been knocked unconscious (concussion)	1	2	3	4	5	
21.	As a child I was known to sleep walk	1	2	3	4	5	
22.	I have sleepwalked as an adult	1	2	3	4	5	
23.	23. I awaken from sleep screaming, confused, and at times violent						
	("night terrors")	1	2	3	4	5	
24.	I have seizures	1	2	3	4	5	
25.	I get too little sleep at night	1	2	3	4	5	
26.	I often have a poor night's sleep	1	2	3	4	5	
27.	I have trouble getting to sleep at night	1	2	3	4	5	
28.	I awake up often during the night	1	2	3	4	5	
29.	At bedtime, thoughts race through my mind	1	2	3	4	5	
30.	At bedtime, I worried about things	1	2	3	4	5	
31.	At bedtime, I'm afraid of not being able to go to sleep	1	2	3	4	5	
32.	After waking at night, I fear I will not be able to get back to sleep	p1	2	3	4	5	
33.	I sleep better in unfamiliar surroundings such as a hotel room	1	2	3	4	5	
34.	I feel I am useful and needed	1	2	3	4	5	
35.	I have considered or attempted suicide	1	2	3	4	5	
36.	I use alcohol in order to get to sleep	1	2	3	4	5	
37.	I smoke tobacco within two hours of bedtime	1	2	3	4	5	
38.	I use prescription medications to help me sleep	1	2	3	4	5	
39.	I use over-the-counter medications to help me sleep	1	2	3	4	5	

Answer Key: 1-never 2-rarely 3-sometimes 4-usually 5-always

1 0.	I use relaxation techniques or mental imagery					
	(e.g. counting sheep) to help me sleep	1	2	3	4	5
41.	I sleep better after sex	1	2	3	4	5
12.	(Men) I have trouble getting or maintaining an erection	1	2	3	4	5
13.	(Men) I often awaken with an erection during the night or					
	in the morning	1	2	3	4	5
14.	(Women) I have gone through the menopause					
	("change of life")	1	2	3	4	5
1 5.	(Women) My sleep at night is affected by my menstrual cyc	le1	2	3	4	5
	Answer: 1-never 2-rarely 3-sometimes 4-usuall	y 5	-aln	vays	ï	_
46.	How many hours of sleep do you get on average at night?		_			_
47.	How long is your longest wake period at night?					
48.	How many naps do you take during the week?					
49.	How many times in the night do you get up to urinate?					
50.	How many motor vehicle accidents have you had because of	f				
	falling asleep at the wheel?		_			
51.	How many "near-misses" have you had because of excessive	ve				
	sleepiness?		-			
52.	How tall are you?		_			
53.	What is your current weight?		_			
54.	What was your weight one year ago?					
55.	What was your weight at age 20?					
56.	How many cups of coffee do you drink in a day?					
57.	How many cups of tea do you drink in a day?					
58.	How many cans of cola do you drink in a day?					
59.	Have you ever had a sleep study before? Y N					
	If yes, when and where?					

List all prior surgeries or operations:

SURGERY	DATE
1.	
2.	
3.	
4.	
5.	
6.	

Chronic medical problems: (check if applicable and explain)

•	1 1.	\sim	20	taa
•	Di	a) (LES

- High blood pressure
- High cholesterol
- Heart attack
- Stroke
- Seizures
- Asthma
- COPD/Emphysema
- Pneumonia
- Cancer
- Hay fever
- Depression
- Heartburn or reflux
- Thyroid disease
- Arthritis
- Ulcers
- Other (explain)

Current Medications:

MEDICATION	DOSE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
If yes, which ones? Personal History: Occupation (include brief description of du Military: Branch of Service	
Retired Y N	Years of Service
If active duty, current duty	station
Highest level of education: High School Other:	Bachelors Masters PhD
Do you smoke cigarettes? Y	N
If yes, how many packs per day?	How many years?
If prior, how much did you smoke and for l	how many years? (example: 1 pack/day for 20 years)
When did you quit?	