## Patient Sleep Questionnaire



Name: $\qquad$ SSN: $\qquad$
Age: $\qquad$ Date: $\qquad$
Sex:
M
F
Tel: $\qquad$
Referring Physician: $\qquad$
Please answer all questions. If you do not know the answer, or do not understand the question, insert a question mark in the space. Bring the complete questionnaire to your next doctor's appointment or overnight sleep study. Thank you.

1. I snore in my sleep $\quad \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
2. I am told I snore loudly and bother others $\quad \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
3. I am told I stop breathing ("hold my breath") in my sleep $\quad 1 \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
4. I awaken from sleep with a dry mouth $\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
5. I have a problem with nasal congestion/blockage at night $\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
6. I awaken suddenly gasping for air, unable to breath
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
7. I sweat a great deal in my sleep
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
8. I grind my teeth while I sleep
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
9. I awaken from sleep with a headache
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
10. My sleep is disturbed by heartburn and regurgitation (bringing up bitter stomach fluid)
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
11. My bed sheets are in disarray in the morning
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
12. My leg movements during sleep bother my bed partner
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
13. My sleep is disturbed by "restless legs" (a feeling of crawling, aching, inability to keep legs still)
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
14. I feel unable to move (paralyzed) after a nap $\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
15. I have dream-like images (hallucinations) when I awaken even though I know I am not asleep $\quad \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
16. I get "weak knees" when I laugh $\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
17. I get sudden muscular weakness when laughing, angry, or emotional. $\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
18. I tend to drop things when I laugh $\quad \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
19. I am excessively sleepy during the day time $\quad \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
20. I have been knocked unconscious (concussion) $\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
21. As a child I was known to sleep walk $\quad \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
22. I have sleepwalked as an adult $\quad \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
23. I awaken from sleep screaming, confused, and at times violent ("night terrors")
24. I have seizures
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
25. I get too little sleep at night
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
26. I often have a poor night's sleep
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
27. I have trouble getting to sleep at night
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
28. I awake up often during the night
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
29. At bedtime, thoughts race through my mind
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
30. At bedtime, I worried about things
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
31. At bedtime, I'm afraid of not being able to go to sleep
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
32. After waking at night, I fear I will not be able to get back to sleep1 $\begin{array}{lllllll}2 & 3 & 4 & 5\end{array}$
33. I sleep better in unfamiliar surroundings such as a hotel room $\begin{array}{llllll}1 & 2 & 3 & 4 & 5\end{array}$
34. I feel I am useful and needed $\quad \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
35. I have considered or attempted suicide $\quad 1 \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
36. I use alcohol in order to get to sleep
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
37. I smoke tobacco within two hours of bedtime
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
38. I use prescription medications to help me sleep
39. I use over-the-counter medications to help me sleep
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
40. I use relaxation techniques or mental imagery
(e.g. counting sheep) to help me sleep $\quad 1 \begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
41. I sleep better after sex $\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
42. (Men) I have trouble getting or maintaining an erection
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
43. (Men) I often awaken with an erection during the night or in the morning
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
44. (Women) I have gone through the menopause
("change of life")
$\begin{array}{lllll}1 & 2 & 3 & 4 & 5\end{array}$
$\begin{array}{llll}2 & 3 & 4 & 5\end{array}$
Answer: 1-never 2-rarely 3-sometimes 4-usually 5-always
45. How many hours of sleep do you get on average at night? $\qquad$
46. How long is your longest wake period at night? $\qquad$
47. How many naps do you take during the week? $\qquad$
48. How many times in the night do you get up to urinate? $\qquad$
49. How many motor vehicle accidents have you had because of falling asleep at the wheel? $\qquad$
50. How many "near-misses" have you had because of excessive sleepiness?
51. How tall are you? $\qquad$
52. What is your current weight? $\qquad$
53. What was your weight one year ago? $\qquad$
54. What was your weight at age 20? $\qquad$
55. How many cups of coffee do you drink in a day? $\qquad$
56. How many cups of tea do you drink in a day?
57. How many cans of cola do you drink in a day?
$\qquad$
58. Have you ever had a sleep study before? Y N

If yes, when and where? $\qquad$

Briefly describe your sleep problem(s): $\qquad$
$\qquad$
$\qquad$

List all prior surgeries or operations:

| SURGERY | DATE |
| :--- | :--- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

## Chronic medical problems: (check if applicable and explain)

- Diabetes
- 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. |  |

Are you allergic to any medication? $\quad \mathbf{Y}$
If yes, which ones?

## Personal History:

Occupation (include brief description of duties):
Military: Branch of Service__ Rank__ Rate___

Retired $\mathrm{Y} \quad \mathrm{N} \quad$ Years of Service

If active duty, current duty station $\qquad$

Highest level of education: High School Bachelors Masters PhD Other:

Do you smoke cigarettes? Y
If yes, how many packs per day? $\qquad$ How many years? $\qquad$
If prior, how much did you smoke and for how many years? (example: 1 pack/day for 20 years)
When did you quit?
Do you drink alcohol? Y N

