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|---|---|---|---|---|---|
| 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. 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 | 1 | 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

40. 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
42. (Men) I have trouble getting or maintaining an erection 1 2 3 4 5
43. (Men) I often awaken with an erection during the night or
in the morning 1 2 3 4 5
44. (Women) I have gone through the menopause
("change of life") 1 2 3 4 5
45. (Women) My sleep at night is affected by my menstrual cycle 1 2 3 4 5

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

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
falling asleep at the wheel? _____
51. How many "near-misses" have you had because of excessive
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? _____

Briefly describe your sleep problem(s): _____

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*? Y N

If yes, which ones?

Personal History:

Occupation (include brief description of duties):

Military: Branch of Service _____ Rank _____ Rate _____

Retired Y N Years of Service _____

If active duty, current duty station _____

Highest level of education: High School Bachelors Masters PhD

Other:

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 how many years? (example: 1 pack/day for 20 years)

When did you quit? _____

Do you drink alcohol? Y N