

Sleep Questionnaire

Personal Information

1. Name: _____
2. Date: _____
3. Sex: _____
4. Age: _____
5. Referring Physician: _____ Primary Physician: _____
6. Height: ___ feet ___ inches ___ 7. Weight ___ pounds 8. Neck Circumference ___ inches

Sleep Habits

9. Usual bed time _____ am/pm
10. Usual wake time _____ am/pm
11. How many hours do you think you sleep on average per night? _____ hours
12. How long does it usually take you to fall to sleep? _____ mins
13. How often will you awaken during the night?
Rarely a
3 or less time b
Frequently c
14. Do you wake up for more than 30 minutes during the night? yes no
15. Do you awaken too early and have difficulty going back to sleep? yes no
16. Are you rested after an average night of sleep? yes no

Observations of Your Sleep By Yourself and Others

17. Do other people tell you that you snore loudly? yes no
18. How many years has loud snoring been noted? _____ years
19. Have you been told that you stop breathing during sleep? yes no
20. If you answered yes to question 19, how many years has this been noted? _____ years
21. Do you awaken with a sensation of choking during the night? yes no
22. Have you been told that your arms and legs jerk during sleep? yes no
23. Do you awaken with morning headaches? yes no

Daytime Symptoms

24. Do you usually take naps during the day? yes no
25. Have you ever been told that you have narcolepsy? yes no
26. When you are angry, laughing, or frightened, do you feel weak as though you might fall? yes no
27. When you just fall asleep or just before you wake up do you have bizarre dreams? yes no

49. If you answered yes to question 48, how much do you drink? (choose one of the following):

2 ounces of alcohol or 2 beers a day or less..... a

4 ounces of alcohol or 4 beers a day or less..... b

more than 4 ounces of alcohol a day..... c

50. Do you drink caffeinated beverages? yes no

51. If you answer yes to question 50, how many cups, glasses, or cans of each do you drink?

Coffee _____

Tea _____

Caffeinated soft drinks _____

52. List other medical problems:

53. List all medications that you are now taking:
