Phoebe Sleep Disorders Center

Sleep Questionnaire

Patient Name: _____ ❑Male ❑Female
Address: _____
City/State/Zip: _____
Email: _____ Marital Status: ❑Married ❑Single ❑Divorced Widowed
Occupation: _____ Usual Work Hours/Days: _____
Primary Care Physician: _____ Referring Physician: _____ Neck size ____
DOB: _____ Age: _____ Height (inches): _____ Weight now: _____ Weight 1 year ago: _____

My Main Sleep Complaint(s)

Trouble sleeping at night	For how many months/years?
Being sleepy all day	For how many months/years?
Snoring	For how many months/years?
Unwanted behaviors during sleep, explain	
Other, explain	

Sleep Pattern

	Work Days (Weekday)	**Off Days (Weekends)**
Typical bedtime	a.m./p.m.	a.m./p.m.
Typical amount of time it takes to fall asleep		
Typical number of awakenings per night		
List any activities you normally do during a nighttime awakening(s)		
Typical amount of time to fall back asleep after an awakening		
Typical wake up time	a.m./p.m.	a.m./p.m.
Desired wake up time	a.m./p.m.	a.m./p.m.
How do you usually awaken, i.e., alarm clock		
Typical time you get out of bed	a.m./p.m.	a.m./p.m.
Total amount of sleep per night		
Number of naps per day		

Sleep Habits

❑I usually watch TV or read in bed prior to sleep	❑I often wake up during the night
❑I often travel across 2 or more time zones	❑I am unable to return to sleep easily if I wake up during the night
❑I drink alcohol prior to bed	❑I have nightmares as an adult
❑I smoke prior to bedtime or when I awaken during the night	❑I have thoughts that start racing through my mind when I try to fall asleep
❑I eat a snack at bedtime	❑I experience a creeping-crawling or tingling sensation in my legs when I try to fall asleep
❑I eat if I wake up during the night	❑I sweat a great deal during sleep
❑I typically wake up from sleep to go to the bathroom	❑ I wake up early in the morning and I am still tired but unable to return to sleep
❑I have trouble falling asleep	❑I cannot sleep on my back

Breathing

❑I have been told that I stop breathing while I sleep
❑I wake up at night choking, smothering or gasping for air
❑I have been told that I snore
❑I have been told that I snore only when sleeping on my back
❑I have been awakened by my own snoring

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Daytime Sleepiness

❑I take daytime naps	❑I fall asleep in sedentary situations
❑I have a tendency to fall asleep during the day	❑I performed poorly in school because of sleepiness
❑I have had blackouts or periods when I am unable to remember what just happened	❑I have had sudden muscle weakness in response to emotions such as laughter, anger, or surprise
❑I have fallen asleep while driving	❑I have had injuries as the result of sleepiness
❑I have had auto accidents as a result of falling asleep while driving	❑I have had hallucinations or dreamlike images or sounds when falling asleep or waking up
❑I fall asleep while watching TV	❑I have had an inability to move while falling asleep or when waking up
❑I fall asleep during conversations	❑I drink caffeinated beverages during the day: ____ cups/bottles/cans per day

Habits

Do you smoke? ❑Yes ❑No (If yes):

What?	Amount per day	For how many years
❑Cigarettes	Pack(s)	Years
❑Cigars	Cigars	Years
❑Tobacco	Pipes	Years

Do you drink alcohol? ❑Yes ❑No (If yes):

What?	Frequency	Amount per week
❑Beer	❑Daily ❑Weekends ❑Rare	Cans/week
❑Wine	❑Daily ❑Weekends ❑Rare	Glasses/week
❑Liquor	❑Daily ❑Weekends ❑Rare	Shots/week

Social History

❑Sleep alone	❑Share a bedroom, but have separate beds
❑Share a bed with someone	❑Share a dwelling, but have separate bedrooms
❑My job requires driving a vehicle	❑I am a shift worker on rotating shifts
❑I work with dangerous equipment or substances	❑I am a permanent or long-term, third-shift worker

Medical History

❑Hypertension (high blood pressure)	❑Hepatitis/jaundice
❑Heart Disease	❑Hearing impairment
❑Diabetes	❑Depression or severe anxiety
❑Stomach or colon problems	❑Blackouts
❑ Lung problems/COPD/asthma	❑Seizures
❑Reflux	❑Back or joint problems (arthritis)
❑Fibromyalgia	❑Cancer
❑Stroke/TIA	❑Thyroid problems
❑Alcoholism	❑Chemical dependency or abuse
❑Premenstrual syndrome (female)	❑Menopause (female)
❑Prostate problems (male)	❑Erectile dysfunction/impotence (male)

List other past medical problems and dates

List surgeries and the year

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Current Medications

Past Sleep Evaluation and Treatment

❑I have had a previous sleep disorder evaluation	❑I have had a previous overnight sleep study
❑I have had a daytime nap study	❑I have had surgical treatment for a sleep disorder
❑I have previously been prescribed medication for a sleep disorder	❑I have previously been treated for a sleep disorder
❑I have been prescribed a CPAP or BiPAP machine for home use in the past Date: Pressure Setting: Mask type: Oxygen added at ____lpm	

Please circle the number that best applies to your life over the past 6 months

1-Never (Strongly Disagree) 2- Rarely (Disagree) 3- Sometimes (Not sure) 4- Usually (Agree) 5-Always (Agree Strongly)					
I have trouble falling asleep	1	2	3	4	5
I wake up often during the night	1	2	3	4	5
At bedtime, thoughts race through my mind	1	2	3	4	5
At bedtime, I feel sad and depressed	1	2	3	4	5
When falling asleep, I feel paralyzed (unable to move)	1	2	3	4	5
When falling asleep, I have restless legs (creepy/crawly feelings)	1	2	3	4	5
I wake up suddenly gasping for breath, unable to breathe	1	2	3	4	5
At night my heart pounds, beats rapidly, or beats irregularly	1	2	3	4	5
I sweat a great deal at night	1	2	3	4	5
I have a lot of nightmares (frightening dreams)	1	2	3	4	5
I feel unable to move (paralyzed) as I wake up	1	2	3	4	5
I have dream-like images (hallucinations) as I wake up, even though I'm awake	1	2	3	4	5
I have slept for several days at a time	1	2	3	4	5
I have been unable to sleep for several days	1	2	3	4	5
I feel that I have insomnia	1	2	3	4	5
I am very sleepy during the day and I struggle to stay awake	1	2	3	4	5
I got bad grades in school because I was too sleepy	1	2	3	4	5
I have fallen asleep while eating, talking to someone, etc.	1	2	3	4	5
I know have trouble doing my job because of sleepiness or fatigue	1	2	3	4	5
I often have to let someone else drive the car because I am too sleepy to drive	1	2	3	4	5
I have driven my car to the wrong place, and can't remember how I did it	1	2	3	4	5
I get "weak knees" when I laugh	1	2	3	4	5
Sudden muscular weakness when laughing, angry, or situations of strong emotion	1	2	3	4	5
I have problems with nasal blockage when trying to sleep	1	2	3	4	5
My snoring/breathing problem is worse if I fall asleep on my back	1	2	3	4	5