

SLEEP SCREENING QUESTIONNAIRE

PATIENT NAME: _____ **DATE OF BIRTH:** _____

DO YOU HAVE PROBLEM SLEEPING: YES NO

IF SO, WHAT IS THE PROBLEM: _____

HAVE YOU HAD A SLEEP EVALUATION BEFORE? YES NO

IF YES, WHEN?

PLEASE STATE YOUR:

Usual Bedtime _____ **Usual Risetime** _____ **Irregular Sleep Schedule** _____

PLEASE CHECK EACH STATEMENT THAT APPLIES TO YOU:

1. _____ I have been told that I snore.
2. _____ I have been told that I stop breathing when I sleep.
3. _____ Sometimes, I suddenly wake up gasping or short of breath.
4. _____ I sweat excessively during the night.
5. _____ I get up more than once per night to go to the bathroom.
6. _____ I have frequent nightmares.
7. _____ I wake up thrashing and hitting and have hurt myself or my partner.
8. _____ I sleep walk.
9. _____ I grind my teeth when I sleep. If so, do you have a mouthguard? _____
10. _____ I do unusual things while I am asleep. If so, what? _____
11. _____ I have been told that I am a restless sleeper. I toss and turn at night.
12. _____ I experience muscle tension in my legs at night, even when I am otherwise relaxed.
13. _____ I have been told that I kick at night.
14. _____ I experience aching or "crawling" sensations in my legs.
15. _____ I experience pain during the night. If so, where? _____

16. _____ Sometimes I can't keep my legs still at night; I just have to move them.
17. _____ I have experienced vivid dream like scenes upon falling asleep and/or awakening
18. _____ Sometimes I feel unable to move when I'm waking up or falling asleep.
19. _____ When I'm angry, surprised, or laugh, I feel like I'm going limp.
20. _____ I have difficulty falling asleep.
21. _____ I take medication to help me sleep. If so, what? _____
22. _____ Thoughts race through my mind and this prevents me from sleeping.
23. _____ I wake up during the night and I can't get back to sleep.
24. _____ I feel anxious when trying to go to sleep or when I awaken during the night.
25. _____ I wake up earlier in the morning than I would like.
26. _____ I lie awake for half an hour or more before I fall asleep.
27. _____ Even though I slept through the night, I feel sleepy/tired during the day.
28. _____ I feel like I am going around in a daze.
29. _____ I have trouble at work because of sleepiness.
30. _____ I have fallen asleep while driving.
31. _____ I am having trouble concentrating or remembering things.
32. _____ Sometimes no matter how hard I try to stay awake, I fall asleep.
33. _____ I have gained over 20 lbs over the last 2 years.
34. _____ My nose is often stuffy.
35. _____ I am a mouth breather. I have a difficult time breathing only through my nose.
36. _____ I have a chronic cough.
37. _____ I wake up at night coughing and wheezing.
38. _____ I wake up with heartburn / acid reflux at least once per month.
39. _____ I have to use antacids almost every week for stomach trouble.
40. _____ I am hoarse in the morning
41. _____ I often awaken with a sore throat.
42. _____ I sometimes awaken with headaches.

DOES SOMEONE IN YOUR FAMILY HAVE: IF SO, STATE YOUR RELATIONSHIP

Obstructive Sleep Apnea	YES	NO	_____
Narcolepsy	YES	NO	_____
Insomnia	YES	NO	_____
Restless Legs Syndrome	YES	NO	_____
REM Behavior Disorder	YES	NO	_____

THE EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the *most appropriate number* for each situation.

0=would never doze

1=slight chance of dozing

2=moderate chance of dozing

3=high chance of dozing

Situation	Chance of Dozing
Sitting and reading.	0 1 2 3
Watching TV	0 1 2 3
Sitting, inactive in a public place (ie: a theater or a meeting)	0 1 2 3
As a passenger in a car for an hour without a break	0 1 2 3
Lying down to rest in the afternoon when circumstances permit	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after a lunch without alcohol	0 1 2 3
In a car, while stopped for a few minutes in the traffic	0 1 2 3

Thank you for your cooperation