



Briefly describe your sleep problem:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	NO	YES	How Frequently	For How Long Mo/Yrs	Comments/ Explanations
1. Do you have trouble going to sleep?					
2. Do you wake up frequently during the night?					
3. Do you wake up and have difficulty getting back to sleep?					
4. Do you wake up too early?					
5. Do you snore?					
6. Do you wake up gasping or choking?					
7. Do you wake up with a headache or dry mouth					
8. Do you wake up feeling tired, disoriented, or foggy?					
9. Do you drink any alcohol before going to bed?					
10. Do you toss and turn?					
11. Do you have a restless or creeping feeling in your legs alleviated by waking or moving your legs?					
12. Do you feel extremely drowsy during the day?					
13. Do you fall asleep at inappropriate times, at meetings, the movies, riding in a car, bus, or train?					
14. Do you take naps during the day? How long do they last?					
15. Do you dream a lot?					
16. Do you dream during naps?					
17. Do you dream soon after you lie down?					



	No	Yes	How Frequently	For How Long Mo/Yrs	Comments/ Explanations
18. Do you hallucinate before or after sleeping?					
19. Do you ever feel like you cannot move soon after lying down or just after awakening?					
20. Do you ever feel sudden weakness in your knees, neck, or arms when laughing, sad, angry or emotional?					
21. Does your speech become slurred or mumbled when you are tired?					
22. Does your jaw suddenly go slack when telling a joke or talking so that your speech becomes slurred or mumbled?					
23. Do you ever find yourself somewhere and do not know how you got there?					
24. Do you ever find yourself doing something and do not remember starting it?					
25. Have you ever been through long periods of stress?					
26. Have you had any head injuries? Describe:					
<b>SLEEP DISTURBANCE HISTORY</b>					
27. Do you talk in your sleep?					
28. Did you ever wake up screaming?					
29. Did you ever have very bad nightmares?					
30. Did you ever sleepwalk?					
31. Did you ever have a bed wetting problem?					
32. Do you grind your teeth at night?					
33. Do you wake up coughing?					
34. Do you wake up with a stomach acid-like taste in your mouth?					
35. Do you sleep with more than one pillow at night?					
36. Are you short of breath or wheezing when you wake up?					
37. Do you wake up to go to the bathroom more than once?					



38. When you wake up, is your heart beating:  Fast  Slow  Regular?

39. Estimate, for an average day, your daily consumption of:

Coffee \_\_\_\_\_ Tea \_\_\_\_\_ Soda \_\_\_\_\_

40. Did you ever do shift work, get by on little sleep, or sleep days?

Duration: \_\_\_\_\_ Shift(s) worked: \_\_\_\_\_ Shift Changes: \_\_\_\_\_

41. Do you take sleeping pills?

a. \_\_\_\_\_

b. \_\_\_\_\_

42. Family History of Sleep Problems (please describe): \_\_\_\_\_

43. Describe any other complaint that relates to your sleep problem or any problems your sleep problem may have caused or aggravated (in the family, at work, athletic ability):

44. Please recall your weight history – enter “N/A” if not applicable.

Weight at age 20 \_\_\_\_\_ lbs. Weight at age 50 \_\_\_\_\_ lbs

weight at age 30 \_\_\_\_\_ lbs. Weight at age 60 \_\_\_\_\_ lbs

Weight at age 40 \_\_\_\_\_ lbs

Heaviest weight \_\_\_\_\_ lbs at \_\_\_\_\_ years.

45. If you have gained weight, do you feel sleepiness is associated with weight gain?

N/A  Yes  No

46. Have you attempted to diet?  N/A  Yes  No

If yes, your maximum weight loss was \_\_\_\_\_ lbs. Are you successful at keeping weight off?  Yes  No

**Psychological History**

47. Do you feel depressed?  Never  Rarely  Occasionally  Frequently  Always

48. Do you feel depressed now?  Yes  No

49. Have you had a personality change?  Yes  No

If yes, describe: \_\_\_\_\_



**Sleep Schedule and Sleep Hygiene**

- 50. What time do you usually go to bed on weekdays or days that you work? \_\_\_\_\_  a.m.  p.m.
- 51. What time do you usually get up on weekdays or days that you work? \_\_\_\_\_  a.m.  p.m.
- 52. What time do you usually go to bed on weekends or days that you don't work? \_\_\_\_\_  a.m.  p.m.
- 53. What time do you usually get up on weekends or days you don't work? \_\_\_\_\_  a.m.  p.m.
- 54. How many hours do you usually sleep on weekdays or days that you work? \_\_\_\_\_ hours
- 55. How many hours do you usually sleep on weekend days or days that you don't work? \_\_\_\_\_ hours
- 56. Are you usually refreshed by a night's sleep?  Yes  No
- 57. Do you keep a fairly regular sleep/wake schedule?  Yes  No
- 58. Do you nap during the day?  Yes  No

If yes, how many naps per day and how long on the average:

	<u>Number of naps</u>	<u>Average length (minutes)</u>
Weekdays (work days)	_____	_____
Weekends (days not working)	_____	_____

- 59. Do you read in bed?  Yes  No
- 60. Do you watch TV in bed?  Yes  No
- 61. Do you write in bed?  Yes  No
- 62. Do you eat in bed?  Yes  No
- 63. Do you worry in bed?  Yes  No
- 64. If you could set your own schedule, what time would you go to bed? \_\_\_\_\_  a.m.  p.m.  
 What time would you get up? \_\_\_\_\_  a.m.  p.m.

**Insomnia**

Answer the following questions based on your experience in the last six months, with "night" meaning your major sleeping time.

- 65. Do you often have trouble getting to sleep at night?  Yes  No
- 66. What is the average number of minutes it takes you to fall asleep at night? \_\_\_\_\_
- 67. Do you often have awakenings during the night?  Yes  No If yes, average # of times per night? \_\_\_\_\_  
 If yes, why do you awaken? \_\_\_\_\_
- 68. Do you have long periods when you awaken and are not able to get back to sleep?  Yes  No  
 If yes, how long are these periods of wakefulness when added together? \_\_\_\_\_ minutes per night.
- 69. Are you bothered by waking up too early and not being able to get back to sleep?  Yes  No  
 If yes, what is the average number of nights per week? \_\_\_\_\_
- 70. How many nights a week do you feel you have a sleep problem? \_\_\_\_\_
- 71. Is your sleep disrupted by your bed partner? Yes   No  
 If yes, what disturbs you?  Snoring  Movement  Other (describe): \_\_\_\_\_