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Pulmonary and Sleep Medicine

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SLEEP QUESTIONNAIRE

Patient Name :_____ **Date :**_____

Vital Statistics

What is your: Height: _____ Weight: _____ Neck Size: _____

Main Complaints		**Sleep Habits**	
☐Yes ☐No	Trouble Sleeping at night	Typical Bedtime: _____	Time In Bed:_____
☐Yes ☐No	Falling Asleep	Typical Wake Time: _____	
☐Yes ☐No	Staying Asleep		
☐Yes ☐No	Snoring	☐Yes ☐No	Does your sleep problem affect your work?
☐Yes ☐No	Stop Breathing/Gasping/Choking		If yes, Occupation: _____
Other:	(please explain)_____	☐Yes ☐No	Do you take Naps?
			If yes, number of naps per day:_____

Sleep Habit Questionnaire

☐Yes ☐No	I frequently travel across 2 or more time zones	☐Yes ☐No	Thoughts start racing through my mind when I try to fall asleep
☐Yes ☐No	I drink alcohol prior to bedtime		
☐Yes ☐No	I smoke prior to bedtime or when I awaken at night	☐Yes ☐No	I awaken early in the morning, still tired but unable to return to sleep
☐Yes ☐No	I eat if I awaken during the night		
☐Yes ☐No	I typically awaken to urinate during sleep	☐Yes ☐No	I experience a creeping-crawling or tingling sensation in my legs when I try to fall asleep
☐Yes ☐No	I awaken frequently during the night		
☐Yes ☐No	I have nightmares as an adult		

Daytime Sleepiness

☐Yes ☐No	I have a tendency to fall asleep during the day
☐Yes ☐No	I have fallen asleep while driving
☐Yes ☐No	I have experience sudden muscle weakness in response to emotions such as laughter, anger or surprise
☐Yes ☐No	I drink caffeinated beverages during the day If yes, _____ cups / bottles / cans per day

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Using the scale below, rate the chance of you dozing off during each of the following situations.

SITUATION	CHANCE OF DOZING
Sitting and reading	
Watching TV	
Sitting inactive in a public place (i.e. a theater or meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
Total	

EPWORTH SLEEPINESS SCALE
0 = no chance of dozing
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing