

Patient Sticker

## Adult Sleep Questionnaire

Please answer the following question to the best of your ability:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's date: \_\_\_\_\_

Referring physician: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**My main sleep complaints are (list them in order of importance to you):**

	Complaint	How long has this been going on?
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

**These complaints are (circle one):**    getting worse            staying the same            fluctuating

**Medications** (List all medications and doses if known, that you are CURRENTLY taking as well as what time of day you take them):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social history:**    Single            Married            Separated            Divorced            Widowed

**Alcohol use:**    Never            Rarely            Moderately            Daily

**Tobacco use:**    Never

I quit \_\_\_\_\_ years \_\_\_\_\_ months ago; I smoked \_\_\_\_\_ packs per day.

I currently smoke \_\_\_\_\_ packs per day. I started smoking regularly at age \_\_\_\_\_ .

**Caffeine:**            I drink \_\_\_\_\_ ounces or cups of coffee/tea/cola per day. *Circle the ones you drink.*

**Adult illnesses/operations/injuries (List most recent or most serious first):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Sleep Schedule:**

*Day refers to your longest waking period and evening/night refers to when you normally sleep.*

- 1) During the week (work days), I usually go to bed at: \_\_\_\_AM/PM
- 2) During the week (work days), the earliest time in the last two weeks was: \_\_\_\_AM/PM
- 3) During the week (work days), the latest time in the last two weeks I have gone to bed is: \_\_\_\_AM/PM
- 4) During the week (work days), I usually wake up at: \_\_\_\_AM/PM
- 5) In the evening, I usually start feeling sleepy at: \_\_\_\_AM/PM
- 6) The amount of time I usually take to fall asleep is: \_\_\_\_min./hrs.
- 7) On weekends (days off), my usually bed time is: \_\_\_\_AM/PM
- 8) On weekends (days off), I usually wake up at: \_\_\_\_AM/PM
- 9) To feel my best, I need \_\_\_\_ hours of sleep.
- 10) I usually wake up \_\_\_\_ times during the night.
- 11) The clock times at which I wake up during the night are: \_\_\_\_\_
- 12) The amount of time it takes me to go back to sleep is: \_\_\_\_min. / hrs.
- 13) The amount of time I am awake during the night (after falling asleep) is: \_\_\_\_min. / hrs.
- 14) I need to urinate \_\_\_\_ times each night.
- 15) I wake up in the morning (circle one): naturally            by using an alarm
- 16) I take a nap about \_\_\_\_ days each week.
- 17) After taking a nap, I usually feel (circle one): refreshed            groggy sleepy
- 18) I usually exercise at \_\_\_\_ o'clock AM/PM (circle one) for \_\_\_\_ minutes.

**Work and work schedule:**

What is your job? \_\_\_\_\_

I usually work: Dayshift \_\_\_\_AM to \_\_\_\_PM  
 Evening Shift \_\_\_\_AM to \_\_\_\_PM  
 Night Shift \_\_\_\_AM to \_\_\_\_PM  
 Rotating shifts every \_\_\_\_ days

Commuting to and from work takes \_\_\_\_ minutes.

I sometimes fly/travel across time zones:    Yes    No

If yes, how often? \_\_\_\_\_ How many time zones? \_\_\_\_\_

**Place a check mark inside the box next to any of the following statements which are true for you.**

**What my sleep is like:**

- I have been told that I snore very loudly.
- Sometimes a person cannot sleep in the same room with me because of my snoring.
- I've been told that I stop breathing when I sleep.
- I've been told that I gasp or snort when I sleep.
- I sweat a lot when I sleep.
- My bed covers are very messed up in the morning.
- I am a very restless sleeper.
- I sometimes wake up with a headache.
- I have the same troubling dreams over and over.



**My usual sleeping position is:**

- On my back     On my side     On my stomach     No single position is usual
- I feel that my quality of sleep is unsatisfactory.
- I have been told that my legs twitch or jerk while I am sleeping.
- I have been told that I make rolling or rocking movements during sleep.
- I have been told that I kick or poke my bed partner while I sleep.

**During the first 30 minutes after waking up in the morning, I feel:**

- Very groggy     Somewhat groggy     Slightly drowsy, but awake     Alert

**Insomnia:**

- I have trouble falling asleep at night.
- When I wake up during the night, I have trouble going back to sleep.
- Some nights, I never get to sleep, no matter how hard I try.
- When I try to fall asleep, I worry about whether or not I can sleep.
- When I try to go to sleep, my mind races with many thoughts.
- At night, when I do go to bed, I don't feel sleepy.
- I often sleep better in an unfamiliar bedroom, such as a hotel or motel.
- When I wake up at night, I often watch the clock.
- I wake up in the morning long before I have to.
- Pain often wakes me up or keeps me from going back to sleep  
State location of pain: \_\_\_\_\_
- I often take sleeping pills in order to sleep.
- I have a creeping, crawling, aching, and/or painful sensation in my legs when I lie down to sleep.
- These sensations in my legs keep me from falling asleep.
- I must get up and walk around to stop these leg sensations prior to getting in bed.
- I am a very light sleeper and am easily awakened by noises.
- My sleep is sometimes disturbed by my bed partner.
- Generally, I get up in the middle of the night for a snack.
- I have been depressed in the past.
- I have been hospitalized for depression in the past.
- I tend to be sad or depressed in the winter.
- I am a "night person" (owl).
- I am a "morning person" (lark).



### Sleep History:

- I sometimes wet the bed after age 6.
- As a child, I sleepwalked.
- As a child, I had frequent nightmares.
- As a child, I screamed in my sleep.
- As a child, I would grind my teeth while asleep.
- As a child, I banged or rocked my head on the bed to sleep.
- My current sleep problems started in childhood.
- As a child or adolescent, I used to fall asleep in school.
- As a child or adolescent, I always had to fight the urge to sleep during class at school.
- As a child, I used to stay up late in the evening.
- As a child or adolescent, I was told that I snored.
- As a child or teenager, I was considered hyperactive.
- As an adolescent or adult, I have been sleepwalking.
- As an adult, I have been told that I grind my teeth when I sleep.

### Family History:

*(These questions apply to your extended family: parents, children, aunts, uncles, cousins, nieces, nephews, etc. Relatives related to you by "blood".)*

- A relative died from "crib death" or sudden infant death syndrome (SIDS).
- Other members of my family have been hyperactive or hyperkinetic as children.
- Other members of my family have narcolepsy/sleep apnea/snore. *Circle all those that apply.*

### Daytime Sleepiness:

- I have sometimes fallen asleep at very inappropriate times - meetings, during church, at work.
- I can be so sleepy that I became confused or have lost track of the topic of conversation.
- Usually, I find myself falling asleep during even half-hour TV shows.
- I am frequently so sleepy during the day that my work quality is poor.
- I generally feel most tired or sleepy in the afternoon.
- I often would like to take an afternoon nap even when I can't.
- I often have to fight sleep while driving, especially on long trips.
- I have "come to" or suddenly become alert and found myself doing things without being aware of having started them or how I got there.
- I generally feel (tired) (sleepy) all day. *Circle the best choice.*
- I function best in the (morning) (evening). *Circle the best choice.*
- When I have no plans or appointments the next day, I frequently go to bed late (compared to my usual bed time).
- I frequently do not feel sleepy at bed time and stay up until it is so late that as a consequence, I get too little sleep.
- When I get a good night's sleep, I feel better the next day.
- Several times recently, I got up later than planned, even though I went to bed at the right time.
- I would feel better if I slept at least one more hour every night.
- I like to sleep late in the morning when I can.
- I feel that I sleep too little.



**Parasomnia/Narcolepsy:**

- My dreams often wake me.
- I often have frightening dreams.
- I have wet my bed.
- I've been told that I bang or twist my head at night.
- I have hallucinations or dream – like images when I am not actually asleep, but while falling asleep or waking up.
- I sometimes have felt paralyzed and unable to move when waking up or falling asleep.
- I wake up suddenly from sleep with an unpleasant feeling or fear, anxiety, tension, or unhappiness.
- I have had the sensation of a sudden weakness in my legs while awake (and this happens usually when I am angry, happy, or something startles me).

Do you remember your dreams?    Yes    No

Do you have nightmares?    Yes    No    Describe them and use the back of the page if needed.

Are you told that you act out your dreams and nightmares by swinging your arms, legs, moving or yelling?    Yes    No  
Describe these episodes in detail and how often they occur – use the back of the page if needed.

If you do act out your dreams, when do they occur during your sleep period?  
Early                      Late                      Don't know    *(Circle one)*

Have you ever hurt yourself or anyone else with these movement during the night?  
Yes                      No                      *(Circle one)*

Have you been told that you sleep walk as an adult?    Yes    No  
Describe these episodes in detail and how often they occur – use the back of the page if needed.

Do you talk in your sleep?    Yes    No    Is so, can you be understood?    Yes                      No

Have you been told that you arouse from sleep totally confused or are inconsolable?    Yes    No  
If so, describe.

**Thank you very much for completing this questionnaire  
Please bring this completed questionnaire with you to your sleep appointment.**

