

SLEEP DISORDER QUESTIONNAIRE

Name _____ Age _____ Sex M F Ht _____ Wt _____

Please answer the following questions by indicating frequency according to these guidelines:

- Always = every or almost every night or day
- Often = at least once a week but less than always
- Infrequently = less than once a week
- Never = never during usual night or day

During your usual sleep, have you noticed or have you been told that you do the following: (CIRCLE ONE ANSWER IN EACH CATEGORY)

	ALWAYS	OFTEN	INFREQ	NEVER
A. SNORE LOUDLY	-	-	-	-
B. CHOKE, STRUGGLE FOR BREATH OR STOP BREATHING	-	-	-	-
C. AWAKEN REPEATEDLY BECAUSE OF A BREATHING	-	-	-	-
D. TOSS AND TURN FREQUENTLY	-	-	-	-
E. KICK OR JERK LEGS REPEATEDLY	-	-	-	-

When you wake up after your usual sleep, how often do you experience the following:

	ALWAYS	OFTEN	INFREQ	NEVER
A. HEADACHE	-	-	-	-
B. DRY MOUTH	-	-	-	-
C. FEEL TIRED OR UNRESTED	-	-	-	-

During the time when you are usually awake (daytime and evening), how often do you become irresistibly sleepy or do you fall asleep in the following situations:

	ALWAYS	OFTEN	INFREQ	NEVER
A. AFTER A MEAL	-	-	-	-
B. READING OR WATCHING TV	-	-	-	-
C. AT CHURCH OR SCHOOL	-	-	-	-
D. AT WORK	-	-	-	-
E. WHILE A PASSENGER IN A CAR OR TRUCK	-	-	-	-
F. WHILE DRIVING A CAR OR TRUCK	-	-	-	-

Do you have trouble breathing through your nose:

	ALWAYS	OFTEN	INFREQ	NEVER
A. DAYTIME	-	-	-	-
B. NIGHTTIME, IN BED	-	-	-	-

Do you consume an alcoholic beverage or take sedatives:

	ALWAYS	OFTEN	INFREQ	NEVER
A. DAYTIME	-	-	-	-
B. EVENINGS, AFTER DINNER	-	-	-	-

HAVE YOU HAD OR USED ANY OF THE FOLLOWING:

NOSE BROKEN - Y N	NOSE SURGERY - Y N	TONSILLECTOMY - Y N
HAY FEVER - Y N	SINUS PROBLEMS - Y N	ANTIHISTAMINES - Y N
CIGARETTES - Y N	NASAL SPRAYS - Y N	PREV. TREATMENT - Y N

SIGNATURE _____

DATE _____