Sharp Community Medical Group

Sleep History Questionnaire

Attachment A

Patient Name: _____Date: _____

Please check the appropriate box or give short answers for the following:

		YES	NO
1.	Do you feel sleepy or have "sleep attacks" during the day?	____	____
2.	Do you nap during the day?	____	____
3.	Do you have trouble concentrating during the day?	____	____
4.	Do you have trouble falling asleep when you first go to bed?	____	____
	Do you awaken during the night?	____	____
6.	Do you awaken more than once?	____	____
7.	Do you awaken too early in the morning?	____	____
8.	How long have you had trouble sleeping?	____	____
	What do you think precipitated the problem?		

_____

_____

9. How would you describe your usual night's sleep (hours of sleep, quality of sleep, etc.)?

_____

_____

		YES	NO
10.	Does your schedule for awaking from sleep on the weekend differ from what it is during the week?	____	____
11.	Do others live at home who interrupt your sleep?	____	____
12.	Are you regularly awakened at night by pain or the need to use the bathroom?	____	____
13.	Does your job require shift changes or travel?	____	____
14.	Do you drink caffeinated beverages (coffee, tea or soft drinks)?	____	____

15. Apart from difficulty sleeping, what, if any, other medical problems do you have?

_____

_____

16. What sleep medications, prescription or non-prescription, do you take? (Please include the dose, how often you take it, and for how many months/years you have taken it.)

_____

_____

17. What other prescription and over-the-counter medications do you regularly use? (Please include the dose, frequency, and duration).

		YES	NO
18.	Do you snore?	____	____

19. My main sleep complaint is:

☐ Trouble sleeping at night ☐ Being sleepy all day

☐ Unwanted behaviors during sleep, explain:

Usual sleep habits:

Bedtime _____ a.m./p.m. Number of awakenings _____

Wake time _____ a.m./p.m. Naps per week

DIRECTIONS: Check any statement, which currently applies to you.

[ ] unrefreshing naps
[ ] restless sleeper
[ ] stop breathing during sleep
[ ] awaken with headaches
[ ] have high blood pressure
[ ] cough up sputum or mucus at night
[ ] falling asleep at inappropriate times
[ ] refreshing naps
[ ] vivid dreams
[ ] paralysis or inability to move on awakening
[ ] eat excessive amounts of sweets or chocolate
[ ] kicking or twitching during sleep
[ ] legs jerk during sleep
[ ] experience inability to keep legs still
[ ] trouble falling asleep
[ ] awaken long before it is necessary
[ ] sleep better in unfamiliar setting
[ ] very loud snorer
[ ] awaken with choking sensation
[ ] sweat a lot during sleep
[ ] difficulty waking in the morning
[ ] have gained more than 10 lbs in the last year
[ ] unable to sleep in a flat position
[ ] driving accidents/near accidents due to sleepiness
[ ] dream a lot
[ ] dreams or hallucinations while awake
[ ] sudden sensation of weakness in knees or legs
[ ] was hyperactive child or teenager
[ ] driven miles past destination with little awareness
[ ] experience restlessness, tingling, crawling in legs
[ ] sleep with ear plugs or eyeshades
[ ] trouble returning to sleep
[ ] don't feel tired at bedtime
[ ] light sleeper

SPOUSE OR ROOMMATE QUESTIONNAIRE

Check any of the following behaviors that you have observed the patient doing while asleep.

[ ] loud snoring
[ ] twitching of legs or feet during sleep
[ ] grinding teeth
[ ] sleep walking
[ ] sitting up in bed but not awake
[ ] kicking with legs during sleep
[ ] biting tongue
[ ] light snoring
[ ] pause in breathing
[ ] sleep talking
[ ] bed wetting
[ ] head rocking or banging
[ ] getting out of bed but not awake
[ ] becoming very rigid and/or shaking

Unusual Sleep Habits (Continued)

How long have you been aware of the sleep behavior(s) that you checked above?

Describe the sleep behavior(s) checked above in more detail. Include a description of the activity, the time during the night when it occurs, frequency during the night, and whether it occurs every night.

If you have hard loud snoring, do you remember hearing short pauses in the snoring or occasional loud "snorts"?