



**Staying asleep:****Is your sleep disturbed by:**

Sweating	yes	no	Snoring	yes	no
Asthma	yes	no	<u>If yes:</u> Is it loud?	yes	no
Headache	yes	no	Are you disruptive to others?	yes	no
Talking in your sleep	yes	no	Heartburn/ Reflux	yes	no
Falling out of bed	yes	no	Grinding your teeth	yes	no
Frequent Nightmares	yes	no	Nasal congestion	yes	no
Thrashing movements	yes	no	Difficulty breathing	yes	no
Frequent Muscle cramps	yes	no	Holding your breath	yes	no
Leg twitching/restless legs	yes	no	Gaspings for breath	yes	no
Sleep walking	yes	no	Chronic nocturnal cough	yes	no
Falling out of bed	yes	no	Heart pounding in your chest	yes	no
Bed wetting	yes	no	Need to urinate	times	

Have you ever injured or almost injured yourself or your bedpartner while asleep?      yes      no

If yes, please describe the incident(s) \_\_\_\_\_

**Night Awakenings:**

How many times do you awaken during the night? \_\_\_\_\_

How long does each awakening usually last? \_\_\_\_\_

What is the total time that you are awake during the night? \_\_\_\_\_

Why do you awaken during the night? \_\_\_\_\_

Describe any other problems you have **during** sleep: \_\_\_\_\_

**Morning:**

What time do you awaken in the morning on:                      weekdays? \_\_\_\_\_                      weekends? \_\_\_\_\_

Do you have difficulty awakening in the morning ?                      yes                      no

Have you ever been unable to move when you awaken?                      yes                      no

Do you cough up sputum upon awakening?                      yes                      no

Do you wake up with a morning headache?                      yes                      no

Do you awaken from sleep screaming, violent or confused?                      yes                      no

If yes, what exactly do you experience? \_\_\_\_\_

**Daytime:**

Do you have a problem with daytime sleepiness?	yes	no
No matter how much you sleep do you still feel tired?	yes	no
Have you ever fallen asleep while driving a motor vehicle?	yes	no

If yes, describe any accidents that have resulted:

Do you ever have the sensation of weak knees when you laugh?	yes	no
Have you ever fallen limp to the ground when excited without losing consciousness or fainting?	yes	no

**If sleepy**, how likely are you to doze off or fall asleep in the following situations?

**0=never, 1= slight, 2= moderate, 3=high** (circle one response)

Sitting & reading  
 Watching TV  
 Sitting in a public place

As a passenger in a car for an hour  
 Lying down to rest in the afternoon  
 Sitting & talking to someone

Sitting quietly after a lunch without alcohol  
 In a car, stopped for a few minutes in traffic

Total Score: \_\_\_\_\_

**Napping:** *(actually falling asleep for five minutes or more)*

Do you nap on weekdays?	yes	no
On weekends?	yes	no

How many days per week? \_\_\_\_\_

How many naps/day? \_\_\_\_\_ Average length of nap \_\_\_\_\_

What time(s) do you nap? \_\_\_\_\_

Do you feel refreshed after a nap?	yes	moderately	not at all
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