

Sleep History Questionnaire

Please check the statement or statements that describe how you feel in each section.

SECTION I

1. I have difficulty falling asleep.
2. Thoughts race through my mind and this prevents me from sleeping.
3. I feel afraid to go to sleep.
4. I wake up during the night and can't go back to sleep.
5. I worry about things and have trouble relaxing.
6. I wake up earlier in the morning than I would like to.
7. I lie awake for half an hour or more before I fall asleep.
8. I feel sad and depressed.

SECTION II

9. I have been told that I snore.
10. I have been told that I stop breathing while I sleep, although I don't remember this when I wake up.
11. I have high blood pressure.
12. My friends and family say that they have noticed changes in my personality.
13. I am gaining weight.
14. I am losing weight.
15. I sweat excessively during the night.
16. I have noticed my heart pounding or beating irregularly during the night.

17. I feel sleepy during the day even though I sleep through the night.
18. I get morning headaches.
19. I have trouble sleeping when I have a cold.
20. I suddenly wake up gasping for breath during the night.
21. I seem to be losing my sex drive.
22. I am overweight.

SECTION III

23. I have trouble concentrating at school.
24. When I am angry or surprised, I feel like I'm going limp.
25. I have fallen asleep during physical effort.
26. I feel like I go around in a daze.
27. I have vivid dream-like scenes upon falling asleep or awakening.
28. I feel like I am hallucinating when I fall asleep.
29. I feel like I have to cram a full day into every hour to get anything done.
30. I have fallen asleep when laughing or crying.
31. I have trouble at work because of sleepiness.
32. I have vivid nightmares soon after falling asleep.
33. I fall asleep during the day.
34. No matter how hard I try to stay awake, I fall asleep anyway.

35. I feel unable to move when I am waking up or falling asleep.

SECTION IV

36. I wake up with heartburn.
37. I have a chronic cough.
38. I have to use antacids (Rolaids, Tums, Alka-Seltzer, etc.) almost every week for stomach trouble.
39. I have morning hoarseness.
40. I wake up at night coughing or wheezing.
41. I have frequent sore throats.
42. During the night, I suddenly wake up gasping for breath.

SECTION V

43. Other than when exercising, I still experience muscle tension in my legs.
44. I have noticed (or others have told me) that parts of my body jerk.
45. I experience aching or crawling sensations in my legs.
46. Sometimes I can't keep my legs still at night.
47. Even though I sleep through the night, I still feel sleepy during the day.
48. I have been told that I kick at night.
49. I awaken with sore or achy muscles.
50. I experience leg pain during the night.