

SLEEP QUESTIONNAIRE

Please circle your answers

What is your main sleep problem? Snoring Daytime sleepiness Breath pauses in sleep leg movements

Height: _____ Weight: _____ Collar size: _____

If you Snore, rate your snoring from 1(very mild) to 10(very severe): _____

What time do you go to bed? _____

What time do you wake? _____

How many times per night do you wake up? _____

How many hours of sleep per night do you get? _____

Do you have nasal congestion? YES OR NO

Do you have environmental allergies? YES OR NO

Do you ever experience a strong urge to move your legs? YES OR NO

If yes, does this urge improve with movement? YES OR NO

If yes, does this urge get worse when you are not moving? YES OR NO

If yes does this urge get worst in the evening? YES OR NO

If yes do the leg movements interfere with your sleep? YES OR NO

Do you ever wake from sleep unable to move your arms and legs YES OR NO

Do you ever hallucinations as you falling asleep or waking up? YES OR NO

Do you ever have sudden episodes of muscle weakness when you experience strong emotions such as laughing or crying? YES OR NO

Daytime fatigue: _____

Weight Change: _____

Any Family History Of Obstructive Sleep Apnea?: _____

Epworth Sleepiness Scale

Name: _____ Today's date: _____

Your age(Yrs): _____ Your sex(male=M, Female=F): _____

How likely are you to doze or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

- 0= would never doze
- 1= slight chance of dozing
- 2= moderate chance of dozing
- 3= high chance of dozing

It is important that you answer each question as best you can.

Situation:	Chance of Dozing (0-3)
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g a theatre or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

Thank you for your cooperation