

Sleep Questionnaire

Name (First and Last):		Date:	
Weight:	Height:	Age:	Neck Size (if known):

(For the following, please check yes or no)

Yes No

Have you ever been diagnosed with high blood pressure?		
Heart disease?		
Diabetes?		
Stroke?		
Depression?		
Acid reflux?		
Insomnia?		
Do you typically consume alcohol within 4 hours of going to sleep?		
Do you take sleeping medication?		
Do you have restless leg syndrome?		
Do you grind or clench your teeth when you sleep?		
Do you get morning headaches?		
Do you have a family history of (circle all that apply) Heart Disease High Blood Pressure Diabetes		
Do you snore or have you been told you snore?		
If you snore, is it bothersome to your bed partner (circle NA if not applicable) NA		
If you snore, how frequently? Rarely Sometimes Frequently Almost Always Don't Know		
If you snore, do you often sleep in a separate bedroom from your partner ? NA		
Do you feel that in some way your sleep is not refreshing or restful?		
Do you wake up choking or gasping or have you been told stop breathing while you sleep?		
Have you ever had a sleep study? Yes No If so, were you diagnosed with sleep apnea?		
If so, what treatment have you had for sleep apnea? Treatment:		
If the treatment is a device, how often are you using the above device? (Circle One) All The Time Frequently Sometimes Rarely Not at All		

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the follow table to mark the most appropriate box for each situation. (Check one for each situation):

Chance of dozing	High	Mod.	Slight	Never
Sitting and reading				
Watching TV				
As a passenger in a car for an hour without a break				
Sitting inactive in a public place (theatre, meeting)				
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				
Office Use Only	BMI	ESS Score	CPAP Pressure	