Kaiser Permanente

Sleep Disorders Questionnaire

Date:
Name:
MR #:

Age:
Height:
Weight:

Nighttime Symptoms (please circle):

Snoring
Pauses in breathing
Mouth breather
Drink water or keep water at the bedside
Become sweaty or prefer the room cool
Awaken to urinate
Grind teeth
Heartburn
Bed-wetting
Unpleasant sensations in legs at bedtime causing restlessness
Bed partner complains your legs jerk at night
Brief episodes of paralysis as you fall asleep or awaken
Hallucinations as your fall asleep or awaken
Acting out dreams
Sleepwalking, sleep talking, nightmares, or night terrors

Daytime Symptoms (please circle):

Awaken feeling unrefreshed
Awaken with headaches
Awaken with dry mouth
Fatigue
Sleepiness
Take naps
Impotence
Driving difficulties: Near misses or accidents due to sleepiness
Inability to concentrate, inattention, or hyperactivity
Eat caffeinated products (e.g., coffee, tea, soda, chocolate)
Experience weakness if you laugh or become angry

Describe your sleep problem in a few words:

List current medications:

List previously prescribed sleep medications:

List drug allergies:

List medical conditions:

List previous surgical and dental procedures:

List previous sleep studies performed:

List family members with sleep disorders:

Average bedtime:
Average time to fall asleep:
Number of awakenings during night:
Primary reason for awakenings:
Average time to return to sleep:
Average wake-up time:
Estimated total sleep time:

Do you smoke? **Yes** **No**
Do you drink alcohol? **Yes** **No**

How likely are you to doze off 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 have not 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 = no chance of dozing
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

Situation	**Chance of dozing**			
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (for example, a theater or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (when you've had no alcohol)	0	1	2	3
In a car, while stopped in traffic	0	1	2	3

Total Score: _____