

PULMONARY MEDICINE ASSOCIATES SLEEP CENTER QUESTIONNAIRE

PATIENT'S NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____ SEX: M F

MARITAL STATUS: _____ NUMBER OF CHILDREN: _____ AGES: _____

OCCUPATION: _____

NAME OF PERSON REFERRING YOU TO THE SLEEP CENTER: _____

ADDRESS: _____

1. WHAT IS YOUR HEIGHT? _____ INCHES: _____

2. WHAT IS YOUR WEIGHT? _____ NOW: _____

_____ SIX MONTHS AGO: _____

_____ AT AGE 20: _____

3. GIVETHE YEAR OF YOUR LAST PHYSICAL EXAMINATION: _____

RESULTS OF THIS EXAM: _____

4. HAVE YOU NOW OR EVER IN THE PAST EXPERIENCED ANY HEALTH PROBLEMS ASSOCIATED WITH THE BELOW LISTED AREAS?

		YES	TYPE OF PROBLEM	DATES	PHYSICIAN, CLINIC, HOSPITAL
A	MENTAL HEALTH				
B	HEAD OR NERVOUS SYSTEM				
C	EYES, EARS, NOSE, MOUTH OR THROAT				
D	HEART, CIRCULATION				
E	BREATHING (LUNGS)				
F	STOMACH, DIGESTIVE				
G	URINE, KIDNEY				
H	SEXUAL				
I	BONES, JOINTS, ARMS, LEGS				
J	DIABETES, GLANDS				
K	BLOOD PRESSURE				
L	WEIGHT PROBLEMS				
M	OTHER				

5. For each of the beverages listed below, write in the average number you drink each day:

Natural coffee _____ cups / day
 Decaffeinated coffee _____ cups / day
 Tea _____ cups / day
 Carbonated soft drinks _____ cups / day

6. On the average, how many alcoholic beverages do you drink on **week days**? _____ drinks / day

7. On the average, how many alcoholic beverages do you drink on **week ends**? _____ drinks / day

8. On the average, how many cigarettes, cigars, and pipes full of tobacco do you use? _____ / day

9. Do you smoke marijuana or use non-prescription drugs? _____ Yes _____ No

If so, list and give approximate use per week: _____

10. Do you use prescribed medications either regularly or occasionally? _____ Yes _____ No

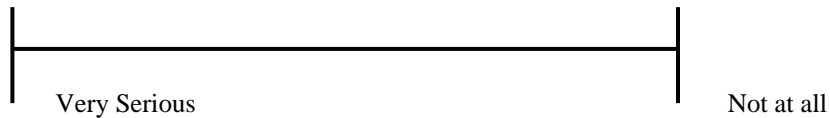
NAME OF MEDICATION	AMOUNT	HOW OFTEN	REASON USED	HOW LONG USED	PRESCRIBING PHYSICIAN

11. Briefly describe you sleep problem. (If you do not have a sleep problem, please indicate why you were referred to Sleep Clinic).

12. At what age did this problem begin? _____

13. How does this affect your life and daily activities? _____

How serious of a problem is this for you? (Place a vertical mark on the line below to indicate your answer).



14. Have you had any previous evaluations, examinations, or treatment for this sleep problem or any other problem with your sleep? _____ Yes _____ No

If so, please describe the evaluation, treatment, and results: _____

15. Have you used any medications (prescribed or otherwise) to help your sleep problem? _____ Yes _____ No
 If so, list below:

NAME OF MEDICATION	AMOUNT	FREQUENCY	HOW LONG USED	HOW USEFUL	PRESCRIBING PHYSICIAN

16. If employed, what are your usual working hours? _____ a.m. / p.m. to _____ a.m. / p.m.

Do you ever change work shifts _____ Never _____ Infrequently _____ Regularly

17. Write in the times you usually go to bed and get up on week days: Go to bed: _____ a.m. / p.m.

Get up: _____ a.m. / p.m.

18. Write in the times you usually go to bed and get up on week ends: Go to bed: _____ a.m. / p.m.

19. Do you have a regular bed partner? _____ Yes _____ No

20. On average, how long does it take you to fall asleep at night after you turn out your bedroom lights? _____ Minutes

21. What do you ordinarily do just prior to turning out the lights and attempting to go to sleep (e.g., reading, TV, bath, etc.)?

22. On the average, how often do you wake up during the night? _____ Times

23. On the average, how often do you wake up to use the bathroom? _____ Times

24. Do you wake up too early in the morning and are unable to return to sleep? _____ Yes _____ No

25. On the average, how long are you actually asleep at night? _____ Hours _____ Minutes

26. How do you ordinarily awaken?

_____ Spontaneously _____ Alarm _____ Other

27. How difficult is it for you to awaken and get out of bed after sleeping?

_____ Very Difficult _____ Sometimes Difficult

_____ Difficult _____ No Problem

28. Do you nap or return to bed after arising? _____ Yes _____ No

29. Are you bothered by sleepiness during the day? _____ Yes _____ No

30. Do you feel that you get too much sleep at night? _____ Yes _____ No

31. Do you feel that you get too little sleep at night? _____ Yes _____ No

32. Do you usually feel tired during the day? _____ Yes _____ No

If so, what do you attribute this to? _____

33. Do you find yourself falling asleep when you don't mean to? _____ Yes _____ No

If yes, describe: _____

How long does the sleep episode last? _____ Hours _____ Minutes

Do you feel rested or refreshed after the sleep episode? _____ Yes _____ No

34. Have you ever [a] suddenly fallen? _____ Yes _____ No

[b] experienced sudden body weakness? _____ Yes _____ No

If you have suddenly fallen or experienced weakness, were you aware of the things around you? _____ Yes _____ No

Was the weakness brought on by any particular event or feeling? _____ Yes _____ No

If so, briefly describe: _____

35. Have you ever experienced weakness or paralysis upon:

[a] going to sleep? _____ Yes _____ No

[b] awakening from sleep? _____ Yes _____ No

How often does this occur? _____ Times per week

36. Have you ever experienced seeing things or hearing voices or noises that weren't real:

[a] on going to sleep? _____ Yes _____ No

[b] during the night? _____ Yes _____ No

[c] on awakening from sleep? _____ Yes _____ No

[d] during the day? _____ Yes _____ No

37. Do you have difficulty breathing at night?

If so, briefly describe: _____

How often? _____ times per a week

How did you become aware of this? _____

When did this first occur? _____ Years _____ [Age]

38. Have you been told you snore while asleep? _____ Yes _____ No

39. Does the snoring disturb:

[a] a bed partner (or someone in the same room)? _____ Yes _____ No

[b] someone in the next room? _____ Yes _____ No

40. Have you ever experienced doing something without being aware at the time of the action?

_____ Yes _____ No

If yes, briefly describe: _____

How often does this occur? _____ times per week

41. Have you ever experienced, upon lying in bed before sleep or on awakening from sleep, a restlessness of legs, “nervous legs”, “creeping crawling” sensation of legs, or twitching? (circle appropriate sensation) _____ Yes _____ No

How often does this occur? _____ Time per week

How long does the sensation last? _____ Minutes (duration)

Does anything relieve the sensation (e.g., getting out of bed, taking medication, massage, etc.)? _____

At what age did you first experience this? _____ Years _____ [Age]

42. Has anyone ever told you that your arms or legs jerk or twitch while you are apparently asleep? _____ Yes _____ No

If yes how often during the night does this occur? _____ Yes _____ No

At what age did this first come to your attention? _____ Years _____ [Age]

Does this seem to awaken you from your sleep? _____ Yes _____ No

43. Do you know or do others tell you that you:

	YES	TIMES PER WEEK	AGE STARTED	LAST OCCURRED	TREATMENT RECEIVED
A Talk while apparently asleep					
B Walk while apparently asleep					
C Grit teeth while apparently asleep					
D Wet the bed during sleep					
E Wake up screaming or seemingly afraid					
F Have disturbing dreams					
G Have unusual movements while apparently asleep					
H Awaken during the night with headaches					
I (males) Have erections of penis while asleep					

44. Has anyone in your family been known to have any sleep problems? _____ Yes _____ No

If yes, please list type of problem (e.g., trouble getting to sleep, too sleepy, bed wetting, etc.) and relationship of this person to you:

TYPE OF PROBLEM	RELATIONSHIP	TREATED ?

Please rate the following according to this scale:

1 NEVER (Strongly disagree)	2 RARELY (Disagree)	3 SOMETIMES (Not sure)	4 USUALLY (Agree)	5 ALWAYS (Strongly agree)
1. My bedtime varies a lot.	.	.	.	1 2 3 4 5
2. At bedtime, thoughts race through my mind.	.	.	.	1 2 3 4 5
3. At bedtime, I feel sad and depressed.	.	.	.	1 2 3 4 5
4. At bedtime, I worry about things..	.	.	.	1 2 3 4 5
5. At bedtime, I feel muscular tension.	.	.	.	1 2 3 4 5
6. At bedtime, I'm afraid of not being able to go to sleep.	.	.	.	1 2 3 4 5
7. After waking at night, I fear I will not be able to get back to sleep.	.	.	.	1 2 3 4 5
8. My night's sleep is restless and disturbed.	1 2 3 4 5
9. At night, my sleep disturbs my bed partner's sleep.	1 2 3 4 5
10. My night sleep is disturbed by light.	.	.	.	1 2 3 4 5
11. My night sleep is disturbed by noise.	.	.	.	1 2 3 4 5
12. My sleep is disturbed by severe heartburn and choking. ("regurgitation", bringing up bitter stomach fluid)	.	.	.	1 2 3 4 5
13. I often wake because I am hungry.	.	.	.	1 2 3 4 5
14. At night my heart pounds, beats rapidly, or beats irregularly ("palpitations").	1 2 3 4 5
15. I sweat a great deal at night.	.	.	.	1 2 3 4 5
16. I walk in my sleep.	.	.	.	1 2 3 4 5
17. I grind my teeth while I sleep.	1 2 3 4 5
18. I wake from sleep screaming, confused, and at times violent ("night terrors").	.	.	.	1 2 3 4 5
19. My sleep is disturbed because of pain in the neck, back, muscles, joints, legs or arms.	1 2 3 4 5
20. My sleep is disturbed by chest pain (not angina).	1 2 3 4 5
21. I often have a night full of intense, vivid dreams.	1 2 3 4 5
22. I have a lot of nightmares (frightening dreams).	1 2 3 4 5
23. I have dream-like images (hallucinations) when I awaken in the morning even. though I am not asleep	.	.	.	1 2 3 4 5
24. I have slept for several days at a time, or at least I have been overwhelmingly. sleepy for that long	.	.	.	1 2 3 4 5
25. I have been unable to sleep at all for several days..	.	.	.	1 2 3 4 5
26. As a child, I had difficulty waking up in the morning.	.	.	.	1 2 3 4 5
27. As a child, I had sleepiness during the day.	.	.	.	1 2 3 4 5
28. I have a problem because of headaches while sleeping.	.	.	.	1 2 3 4 5
29. I have problems with headaches on arising.	.	.	.	1 2 3 4 5
30. As a child, I was fatigued during the day..	.	.	.	1 2 3 4 5
31. As a child, I rocked myself to get to sleep.	.	.	.	1 2 3 4 5
32. I used to sleepwalk in childhood.	.	.	.	1 2 3 4 5
33. As a child, I had convulsions (seizures) during sleep.	.	.	.	1 2 3 4 5
34. As a child, I would grind my teeth while asleep.	1 2 3 4 5
35. Now, I am very sleepy during the day and I struggle to stay awake.	1 2 3 4

Please rate the following according to this scale:

1 NEVER (Strongly disagree)	2 RARELY (Disagree)	3 SOMETIMES (Not sure)	4 USUALLY (Agree)	5 ALWAYS (Strongly agree)
36. In the past six months, I have fallen asleep accidentally in some of these situations.				1 2 3 4 5
(please circle situation)	eating a meal	talking to someone		
watching TV	at a theater	riding in a bus or car		
reading a book	at a lecture	talking on the phone		
37. I got bad grades in school because I was too sleepy.				1 2 3 4 5
38. I now have trouble doing my job because of sleepiness or fatigue.				1 2 3 4 5
39. I often have to let someone else drive the car because I am too sleepy.				1 2 3 4 5
40. I see vivid dream-like images (hallucinations) either just before or just after a daytime nap, yet I am sure I am awake when they happen				1 2 3 4 5
41. I see vivid dreams during my daytime naps.				1 2 3 4 5
42. Sometimes I realize I have driven my car to the wrong place, and I can't remember how I did it.				1 2 3 4 5
43. People tell me that I act strangely at times, and yet I was not aware of it. when it happened				1 2 3 4 5
44. I get "weak knees" when I laugh.				1 2 3 4 5
45. I am excessively sleepy during the daytime.				1 2 3 4 5
46. I have problems with tonsils or adenoids.				1 2 3 4 5
47. I have had a head injury.				1 2 3 4 5
48. I have been knocked unconscious (knocked out).				1 2 3 4 5
49. I feel that I have a sexual problem.				1 2 3 4 5
50. My desire or interest in sex is less than it used to be.				1 2 3 4 5
51. I have pain or discomfort during sexual intercourse.				1 2 3 4 5
52. I sleep better after having sex.				1 2 3 4 5
53. I am unhappy about my social life.				1 2 3 4 5
54. I am unhappy about loving relationships in my life.				1 2 3 4 5
55. I am unhappy about my sex life.				1 2 3 4 5
56. I am dissatisfied with my job.				1 2 3 4 5
57. I have considered or attempted suicide.				1 2 3 4 5
58. I feel I am useful and needed.				1 2 3 4 5
59. I am sleeping more than I used to.				1 2 3 4 5
60. Some family member had died suddenly in his/ her sleep.				1 2 3 4 5
61. A child in my family died from crib death (sudden infant death syndrome, SIDS).				1 2 3 4 5
62. Someone in my family has diabetes.				1 2 3 4 5
63. I often use alcohol to get to sleep.				1 2 3 4 5
64. I use alcohol to steady my nerves.				1 2 3 4 5
65. While drinking alcohol, I have carried out actions without being aware of them, and, have not remembered them the next day.				1 2 3 4 5
66. I have smoked tobacco within two hours of bedtime.				1 2 3 4 5

Please rate the following according to this scale:

1 NEVER (Strongly disagree)	2 RARELY (Disagree)	3 SOMETIMES (Not sure)	4 USUALLY (Agree)	5 ALWAYS (Strongly agree)
67. I have used tobacco to help me get to sleep.	.	.	.	1 2 3 4 5
68. I have used marijuana to help me get to sleep.	.	.	.	1 2 3 4 5
69. I take some drugs at night for my other illnesses, not related to sleep, yet. I find that they help me sleep	.	.	.	1 2 3 4 5
70. I use relaxation techniques or mental images (e.g., counting sheep) to. Help me sleep.	.	.	.	1 2 3 4 5
71. I use non-drug therapies in order to get to sleep (e.g., biofeedback, . Acupuncture, electro sleep)	.	.	.	1 2 3 4 5
72. I exercise regularly.	.	.	.	1 2 3 4 5
73. I was born as a part of a multiple birth (twins, triplets, etc. includes cases. where the other(s) died at birth.)	.	.	.	1 2 3 4 5
74. I am working at a job with rotating shifts.	.	.	.	1 2 3 4 5
75. I have had a job where I worked at unusual times.	.	.	.	1 2 3 4 5
76. I get along well with my husband / wife / friend, who are currently living with me.	.	.	.	1 2 3 4 5
77. Coffee, tea, or Cola drinks seem to worsen my sleep.	.	.	.	1 2 3 4 5
78. Physical exercise helps me sleep.	.	.	.	1 2 3 4 5
79. A daytime nap worsens my nighttime sleep.	.	.	.	1 2 3 4 5
80. After a nap, I feel less sleepy in the daytime.	.	.	.	1 2 3 4 5
81. Hot weather makes me sleepy during the day.	.	.	.	1 2 3 4 5
82. When doing shift work, I am sleepy during the day.	.	.	.	1 2 3 4 5
83. My snoring or my breathing problem is much worse if I sleep on my back.	.	.	.	1 2 3 4 5
84. My snoring or my breathing problem is much worse if I fall asleep right after. drinking alcohol.	.	.	.	1 2 3 4 5
85. My snoring or breathing problem is much worse when I have an allergy or . infection in the nose, throat, or chest.	.	.	.	1 2 3 4 5

**** THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY ****

1. I have gone through menopause (“change of life”).	.	.	.	1 2 3 4 5
2. My sleep at night is affected by my menstrual cycle.	.	.	.	1 2 3 4 5
3. My daytime sleepiness worsens with pregnancy.	.	.	.	1 2 3 4 5
4. My daytime sleepiness is worse since my menopause.	.	.	.	1 2 3 4 5

**** THE FOLLOWING QUESTIONS ARE FOR MEN ONLY ****

1. I often have problems getting an erection.	.	.	.	1 2 3 4 5
2. I have trouble maintaining an erection.	.	.	.	1 2 3 4 5
3. I have trouble with ejaculation (either can’t at all or it happens too soon.	.	.	.	1 2 3 4 5
4. My erections are physically distorted.	.	.	.	1 2 3 4 5
5. I often awake with an erection during the night or in the morning.	.	.	.	1 2 3 4 5