



# NEUROLOGY CONSULTANTS, P.C.

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## SLEEP QUESTIONNAIRE

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS IN THE SPACE PROVIDED.

1. Do you fall asleep watching television?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
2. Do you fall asleep reading the newspaper?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
3. Do you get extremely sleepy while driving?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
4. Have you stopped driving because of excessive sleepiness?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
5. Do you fall asleep while talking to people?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
6. Do you fall asleep at public gatherings (movies, sporting events, plays, etc.)?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
7. Do you ever feel confused when you awaken from sleep?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
8. Do you feel refreshed after a short nap (10 to 15 minute)?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
9. Do other people tell you that you snore loudly?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
10. Do people tell you that you stop breathing when you sleep?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_
11. Do you awaken from sleep short of breath?  
NEVER \_\_\_\_\_ RARELY \_\_\_\_\_ SOMETIMES \_\_\_\_\_ FREQUENTLY \_\_\_\_\_
12. Do you awaken with headaches?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_

13. Do other people tell you that you move excessively or kick in your sleep?  
YES \_\_\_\_\_ NO \_\_\_\_\_
14. Do you find that your mind is not working as quickly or effectively as it used to?  
YES \_\_\_\_\_ NO \_\_\_\_\_
15. When you awaken in the morning how long does it usually take for you to begin to function normally?  
0-15 MIN \_\_\_\_\_ 15-30 MIN \_\_\_\_\_ OVER 30 MIN \_\_\_\_\_
16. When you are surprised or laugh, do you ever feel weak, as though you might fall?  
YES \_\_\_\_\_ NO \_\_\_\_\_
17. Have you ever experienced vivid dreams while falling asleep or waking up?  
YES \_\_\_\_\_ NO \_\_\_\_\_
18. Have you felt paralyzed while falling asleep or waking up?  
YES \_\_\_\_\_ NO \_\_\_\_\_
19. Do other members of your family have sleep problems?  
YES \_\_\_\_\_ NO \_\_\_\_\_
20. On the average, how long does it take you to fall asleep during the night?  
Minutes \_\_\_\_\_
21. On the average night, how often do you wake up during the night?  
Times \_\_\_\_\_
22. Are you bothered by long periods of wakefulness during the night?  
YES \_\_\_\_\_ NO \_\_\_\_\_
23. On the average, how long do you sleep at night?  
Hours \_\_\_\_\_
24. How many nights a week do you have a sleep problem?  
\_\_\_\_\_
25. How long have you had your sleep problem?  
\_\_\_\_\_
26. Are you bothered by nightmares?  
YES \_\_\_\_\_ NO \_\_\_\_\_
27. Do you sleepwalk?  
YES \_\_\_\_\_ NO \_\_\_\_\_

28. Do you routinely nap in the daytime during the week?                      On the weekend?  
YES \_\_\_\_\_ NO \_\_\_\_\_                      YES \_\_\_\_\_ NO \_\_\_\_\_

29. Do you feel tired during the day?  
NEVER \_\_\_\_\_ RARELY \_\_\_\_\_ SOMETIMES \_\_\_\_\_ FREQUENTLY \_\_\_\_\_

30. Are your sleep habits on weekends different from the rest of the week?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Do you have daytime sleepiness which tends to occur at fairly predictable intervals?  
NEVER \_\_\_\_\_, RARELY \_\_\_\_\_, SOMETIMES \_\_\_\_\_, FREQUENTLY \_\_\_\_\_

32. What time do you usually go to bed and get up on weekdays?                      Weekends?  
Go to bed \_\_\_\_\_ A.M. or P.M.                      Go to bed \_\_\_\_\_ A.M. or P.M.  
Get up \_\_\_\_\_ A.M. or P.M.                      Get up \_\_\_\_\_ A.M. or P.M.

33. Do you sleep better at home or away from home?  
YES \_\_\_\_\_ NO \_\_\_\_\_

34. Have you ever seen a psychiatrist or any other type of counselor?  
YES \_\_\_\_\_ NO \_\_\_\_\_

35. On the average, how many of each of these beverages do you drink each day?  
Regular Coffee \_\_\_\_\_ Beer \_\_\_\_\_  
Decaffeinated Coffee \_\_\_\_\_ Mixed Drinks \_\_\_\_\_  
Tea \_\_\_\_\_ Wine \_\_\_\_\_  
Cola \_\_\_\_\_ Hard Liquor \_\_\_\_\_

36. If there are any other aspects of your sleep problem which you feel are important, please describe them here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXCESSIVE DAYTIME SLEEPINESS

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

0 = would never doze

2 = moderate chance of dozing

1 = slight chance of dozing

3 = high chance of dozing

It is important that you put a number (0 to 3) in each of the 8 boxes.

<b>SITUATION</b>	<b>CHANCE OF DOZING (0-3)</b>
Sitting and reading	
Watching television	
Sitting inactive in a public place, for example, a theater or meeting	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch (when you've had no alcohol)	
In a car, while stopped at traffic	

