Sleep Questionaire

	Circle Answer		
Do you have difficulty falling asleep (longer than 15 minutes)?	No	Yes	
Do you have difficulty staying asleep (how many awakenings per night_____)?	No	Yes	
Do you wake up 1 or 2 hours too early in the morning?	No	Yes	
Do you have racing thoughts when trying to fall asleep?	No	Yes	
Do you watch a clock while trying to fall asleep?	No	Yes	
Do you have anxiety that keeps you from sleeping?	No	Yes	
Are you bothered by pain during the day or night?	No	Yes	
How many times per week you have difficulty with sleeping?	No	Yes	
Do you sleep better when you are not at home?	No	Yes	
Do you sleep during the day?	No	Yes	
Is there anything that interferes with your sleep?	No	Yes	
What time do you go to bed?	No	Yes	
What time do you go to sleep?	No	Yes	
What is your normal wake up time during the week?	No	Yes	
What is your normal wake up time on weekends?	No	Yes	
Do you read or watch TV in bed?	No	Yes	
How much caffeine do you drink daily?	No	Yes	
How much alcohol do you drink daily?	No	Yes	
Do you smoke, how much?	No	Yes	
Are you a shift worker or work nights?	No	Yes	
Do you travel across time zones frequently?	No	Yes	
What medications or surgeries have been prescribed to help your sleep?	No	Yes	
Does narcolepsy run in the family?	No	Yes	
Do you snore?	No	Yes	
Is the snoring worse on your back or side?	No	Yes	
Do others complain about your snoring?	No	Yes	
How many nights per week do you snore?	No	Yes	
Has anyone witnessed you stop breathing while you sleep?	No	Yes	
Do you ever wake up short of breath or feeling like you are being choked?	No	Yes	
Do you sweat profusely when you sleep?	No	Yes	
Do you wake up with morning headaches ?	No	Yes	
Do you wake up with sore throat?	No	Yes	
Do you wake up during the night, for what?	No	Yes	
Do you have leg cramps at night?	No	Yes	
Do you experience crawling and achy feelings in your legs during the day or night ?	No	Yes	
If you have achy or crawly feelings in your legs, are they worse in the evening or night?	No	Yes	
Have you been told that your legs or arms move every 20 seconds or so during the night?	No	Yes	
Do you have partial relief with movement such as wiggling feet, toes, or walking?	No	Yes	

	Circle Answer
Are your bedcovers in total disarray in the morning?	No Yes
Have you ever awakened suddenly with a jerk after falling asleep?	No Yes
Do you remember dreams?	No Yes
Do you have nightmares?	No Yes
Have you been told you act out your nightmares by swinging your arms, legs or by yelling?	No Yes
Do these episodes occur early in the night or later in the night?	No Yes
Have you hurt yourself or anyone else with these movements?	No Yes
Have you been told that you sleep walk?	No Yes
Do you talk in your sleep?	No Yes
Is the speech understandable?	No Yes
Does the sleep talking occur in the first third of the night or last third of the night?	No Yes
Do you ever arouse from sleep totally confused or inconsolable?	No Yes
Do you awakened feeling panicked with your heart beating uncontrollably?	No Yes
Have you experienced uncontrolled urination in your sleep as a child or adult?	No Yes
Do you have a history of seizures?	No Yes
Do you have morning jaw pain?	No Yes
Do you grind your teeth during sleep?	No Yes
You often feel overwhelmingly sleepy during the day, even after having had a full night's sleep?	No Yes
You fall asleep when you do not intend to (while having dinner, talking, driving, or working)?	No Yes
Do you collapse suddenly or your neck muscles feel too weak to hold up your head when you laugh or become angry, surprised, or shocked?	No Yes
Do you find yourself briefly unable to talk or move while falling asleep or waking up?	No Yes