AnMed Health

SLEEP QUESTIONNAIRE

Lung and Sleep Center

	Yes	No	Details
Do you snore?			
If yes, is snoring loud?			
Has anyone seen you stop breathing at night?			
Do you choke or gasp during sleep?			

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Medical Problems	Yes	No	Details
Coronary Artery Disease			
Heart Attack			
Congestive Heart Failure			
Strokes			
Seizures			
Diabetes			
Hypertension			
Asthma			
COPD			
Other			

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	Yes	No	Explain
DO YOU EVER FALL ASLEEP OR FIGHT SLEEP WHILE:			
A. DRIVING			
B. WORKING			
C. TALKING TO SOMEONE			
D. EATING			
WHEN YOU GET EXCITED, UPSET, LAUGH OR CRY, DO YOU EVER FALL ASLEEP, COLLAPSE, OR EXPERIENCE SUDDEN WEAKNESS IN THE KNEES, SHOULDERS, OR HEAD AND NECK?			
DO YOU EVER HAVE VIVID DREAMS OR HALLUCINATIONS THAT INCLUDE YOUR SURROUNDINGS WHEN YOU ARE GOING TO SLEEP OR WAKING UP?			
DO YOU EVER WAKE UP UNABLE TO MOVE YOUR ARMS AND/OR LEGS?			
DO YOU EVER FIND YOURSELF DOING SOMETHING AND HAVE NO IDEA HOW YOU GOT THERE?			

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	Yes	No	Explain
DO YOU HAVE:			
A. IRRESISTIBLE ARM OR LEG MOVEMENTS?	_____	_____	______________________________
B. CREEPING OR CRAWLING SENSATIONS IN ARMS OR LEGS?	_____	_____	______________________________
C. HAVE TO MOVE YOUR LEGS, WALK, OR RUB YOUR LEGS TO GET TO SLEEP?	_____	_____	______________________________
D. DISTURB YOUR BED PARTNER WITH LIMB MOVEMENTS?	_____	_____	______________________________
DO YOU WORK DIFFERENT SHIFTS?			
WHAT IS YOUR USUAL BED TIME? ________________ P.M. ________________ A.M.			
HOW LONG DOES IT TAKE YOU TO FALL ASLEEP? ___________________ MINUTES / HOURS			
HOW FREQUENTLY DO YOU AWAKEN OR GET-UP DURING THE NIGHT?			

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	Yes	No	Explain
DO YOU HAVE ANY PAIN OR DISCOMFORT THAT DELAYS OR INTERRUPTS YOUR SLEEP?			
DO YOU WORK, PLAN, OR WORRY IN THE BED?			
DO YOU HAVE TO ATTEND TO SOMEONE ELSE AT NIGHTS?			
WHAT TIME DO YOU GET UP? __________ A.M. __________ P.M.			
DO YOU TAKE NAPS? IF SO, HOW OFTEN AND FOR HOW LONG?			