Central Utah Sleep Disorders Center-Sleep Questionnaire

Name: ______________________________________ Date: ____________

Age: _________ Weight: _________ Height: _________ Neck Size: _________

Referring Doctor ___________________ Family Doctor ___________________

What is your normal bedtime? ______________ What time do you normally get up? ____________

How many days a week do you take a nap? ______ If you nap, about how long is each nap? ______

About what percent of the night do you sleep on your back? __________________

How many times do you get up at night to use the restroom? _________________

Do you have any nighttime pain or discomfort? Yes No

If so, please briefly describe ____

How much weight have you gained or lost in the last year? ______ Last 3 years? ______

Is there a family history of sleep disorders? Yes No

If so, who and what kind of disorder ___________________________

PLEASE CHECK THOSE WHICH APPLY TO YOUR SITUATION

- ☐ Shift Work
- ☐ Limb movements/twitches while asleep
- ☐ Non restorative sleep
- ☐ Frequent daytime fatigue
- ☐ Breathing pauses during sleep
- ☐ Crawling sensations on legs
- ☐ Insomnia
- ☐ Nasal Congestion
- ☐ Frequent Awakenings
- ☐ Frequent snoring during sleep
- ☐ Use sleeping pills
- ☐ Loud snoring during sleep
- ☐ Use alcohol to aid in sleeping
- ☐ My snoring has awakened me
- ☐ I snort, choke or gasp while asleep
- ☐ Frequent difficulty waking up
- ☐ Difficulty staying awake at work
- ☐ Wake up with morning headaches
- ☐ Difficulty staying awake while driving
- ☐ Wake up with dry mouth/sore throat
- ☐ Muscle Weakness when suddenly excited or startled
- ☐ Feelings of depression
- ☐ Sleepwalking or other "bizarre" sleep behavior
- ☐ Cigarette smoker
- ☐ Wake up unable to move
- ☐ Alcohol use

PLEASE CHECK THE CONDITIONS WHICH YOU HAVE BEEN DIAGNOSED WITH

- ☐ High Blood Pressure
- ☐ Congestive heart failure
- ☐ Heart attack
- ☐ Stroke
- ☐ Irregular Heart Beat
- ☐ Depression
- ☐ Atrial Fibrillation
- ☐ Gastric Reflux
- ☐ Water Retention
- ☐ Allergies
- ☐ Asthma
- ☐ Diabetes
- ☐ Low Thyroid Levels
- ☐ Fibromyalgia
- ☐ Arthritis
- ☐ Other:____________

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