



*Wasatch Sleep Health Center*

**Sleep Questionnaire  
(801) 281-1788**

Date: \_\_\_/\_\_\_/\_\_\_

This is a questionnaire about your typical sleep habits over the past one month. **Please ask your bed partner to assist you with answering the following questions.**

**Patient Name:** \_\_\_\_\_  
Last First M.I.

**Age:** \_\_\_\_\_ **Current Occupation:** \_\_\_\_\_

1. The most bothersome or distressing **symptom** that I feel is:  
\_\_\_\_\_
2. The most worrisome **concern** that I have about my sleep problem is:  
\_\_\_\_\_
3. The most important thing **I need to get** out of this clinic visit is:  
\_\_\_\_\_
4. I have snoring that bothers other people: \_\_\_\_\_ YES \_\_\_\_\_ NO
5. I only snore when I am lying flat on my back: \_\_\_\_\_ YES \_\_\_\_\_ NO
6. I have been snoring for \_\_\_\_\_ years. \_\_\_\_\_ YES \_\_\_\_\_ NO
7. I have been told that I stop breathing in my sleep: \_\_\_\_\_ YES \_\_\_\_\_ NO
8. I have awakened feeling short of breath or choking: \_\_\_\_\_ YES \_\_\_\_\_ NO
9. I have problems breathing through my nose at night: \_\_\_\_\_ YES \_\_\_\_\_ NO
10. If I wanted to and if given the chance in a quiet situation, I could fall asleep at almost anytime of day: \_\_\_\_\_ YES \_\_\_\_\_ NO
11. I have too many thoughts when I am in bed: \_\_\_\_\_ YES \_\_\_\_\_ NO

12. At night, I am usually quite concerned about whether I will be able to fall asleep and stay asleep: \_\_\_\_\_ YES \_\_\_\_\_ NO
13. I have relied on sleeping pills: \_\_\_\_\_ TRUE \_\_\_\_\_ FALSE
14. My legs bother me at night: \_\_\_\_\_ YES \_\_\_\_\_ NO
15. Strange things happen to me as I am falling asleep: \_\_\_\_\_ YES \_\_\_\_\_ NO
16. I have a change in my muscle control if I experience a sudden, strong emotion: \_\_\_\_\_ YES \_\_\_\_\_ NO
17. I received bad grades in school because of sleepiness: \_\_\_\_\_ YES \_\_\_\_\_ NO
18. I have trouble on the job because of sleepiness: \_\_\_\_\_ YES \_\_\_\_\_ NO
19. I often fight sleepiness while driving: \_\_\_\_\_ YES \_\_\_\_\_ NO
20. I have driven my car somewhere but then, on arrival, have been unable to remember a large part of the drive: \_\_\_\_\_ SOMETIMES \_\_\_\_\_ NEVER
21. If I do take a daytime nap, it is refreshing: \_\_\_\_\_ YES \_\_\_\_\_ NO
22. If I do take a nap, I may have a dream: \_\_\_\_\_ SOMETIMES \_\_\_\_\_ NEVER
23. I have a shift work schedule: \_\_\_\_\_ YES \_\_\_\_\_ NO
24. I have a strong tendency to go to sleep late, sleep soundly and then wake up late: \_\_\_\_\_ YES \_\_\_\_\_ NO
25. I walk in my sleep: \_\_\_\_\_ YES \_\_\_\_\_ NO
26. I talk or scream in my sleep: \_\_\_\_\_ YES \_\_\_\_\_ NO
27. I do violent things in my sleep: \_\_\_\_\_ YES \_\_\_\_\_ NO
28. I have unwanted behaviors in my sleep: \_\_\_\_\_ YES \_\_\_\_\_ NO

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**TYPICAL WEEKDAY SLEEP SCHEDULE**

29. I get into bed at about: \_\_\_\_\_ to \_\_\_\_\_ p.m / a.m.
30. I turn out the lights at about: \_\_\_\_\_ to \_\_\_\_\_ p.m. / a.m.
31. It takes between: \_\_\_\_\_ and \_\_\_\_\_ minutes to fall asleep.
32. I wake up between \_\_\_\_\_ and \_\_\_\_\_ times per night.
33. I have difficulty getting back to sleep: \_\_\_\_\_ USUALLY \_\_\_\_\_ RARELY
34. My final awakening is at about: \_\_\_\_\_ To \_\_\_\_\_ p.m./ a.m.

35. After my final awakening, I usually get out of bed: \_\_\_ IMMEDIATELY \_\_\_ AFTER MORE THAN 30 MIN.

**TYPICAL WEEKEND SLEEP SCHEDULE**

- 36. I get into the bed at about: \_\_\_\_\_ to \_\_\_\_\_ p.m./ a.m.
- 37. I turn out the lights at about: \_\_\_\_\_ to \_\_\_\_\_ p.m./ a.m.
- 38. It takes between: \_\_\_\_\_ and \_\_\_\_\_ minutes to fall asleep.
- 39. I wake up between: \_\_\_\_\_ and \_\_\_\_\_ times per night.
- 40. I have difficulty getting back to sleep: \_\_\_\_\_ USUALLY \_\_\_\_\_ RARELY
- 41. My final awakening is at about: \_\_\_\_\_ to \_\_\_\_\_ p.m./ a.m.
- 42. After my final awakening, I usually get out of bed: \_\_\_ IMMEDIATELY \_\_\_ AFTER MORE THAN 30 MIN.
- 43. I smoked cigarettes for \_\_\_\_\_ years.
- 44. My caffeine consumption is about \_\_\_\_\_ per day.
- 45. My weekday alcohol consumption is about \_\_\_\_\_ per day.
- 46. My weekend alcohol consumption is about \_\_\_\_\_ per day.

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**MEDICATIONS I AM CURRENTLY TAKING**

<u>NAME</u>	<u>DOSAGE</u>
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

OTHER COMMENTS: \_\_\_\_\_

**EPWORTH SLEEPINESS SCALE (ESS)**

**Instructions:**

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

- 0 = would never doze off
- 1 = slight chance of dozing off
- 2 = moderate chance of dozing off
- 3 = high chance of dozing off

**SITUATION:**

**CHANCE OF DOZING:**

- |  |       |
|--|-------|
| 1. Sitting and reading   | _____ |
| 2. Watching T.V.   | _____ |
| 3. Sitting inactive in a public place (e.g. in a theater or meeting) | _____ |
| 4. As a passenger in a car for an hour without a break               | _____ |
| 5. Lying down to rest in the afternoon when the circumstances permit | _____ |
| 6. Sitting and talking to someone                                    | _____ |
| 7. Sitting quietly after lunch without alcohol                       | _____ |
| 8. In a car while stopped for a few minutes in traffic               | _____ |

<b>TOTAL*</b> _____
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