

3.518 Sleep Disorders Questionnaire

SLEEP DISORDERS QUESTIONNAIRE

Thank you for your cooperation in filling out this brief questionnaire.

Name: _____ Date: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

1. How many hours do you usually sleep during a weekday night prior to work? _____

Please fill out the following schedule for weekdays only:

To bed time: _____ Fall asleep time: _____ Wake up time: _____

2. How many, if any, awakenings do you have at night? _____

3. Are you a restless sleeper who tosses and turns or kicks off the covers at night? Yes No

4. Do you snore? Yes No

If yes, indicate the severity by circling one number: **Mild - 1 2 3 4 5 - Heavy**

5. Do you snore if you sleep while lying on your side? Yes No

6. Has anyone indicated that your breaths during sleep are interrupted or irregular? Yes No

If yes, have these instances become more frequent per night since first noticed? Yes No

7. Please list any known medical problems:

Do you have a history of irregular heart beats or previous heart attack? Yes No

Do you have high blood pressure? Yes No

Do you have any previous thyroid problem? Yes No

If yes, please explain: _____

8. Do you take any sedatives, sleeping medications, or alcohol in the evening to help you fall asleep? Yes No

If yes, please explain: _____

9. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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

1 - **slight** chance of dozing

2 - **moderate** chance of dozing

3 - **high** chance of dozing

SITUATION

CHANCE OF DOZING

Sitting and reading

Watching TV

Sitting, inactive, in a public place (e.g. theater or a meeting)

As a passenger in a car for an hour without a break

Lying down to rest in the afternoon

Sitting quietly after a lunch without alcohol

In a car, while stopped for a few minutes in the traffic

THANK YOU FOR YOUR COOPERATION

Jointly prepared with THE NATIONAL SLEEP CENTER for use as a screening device for potential sleep disorders.