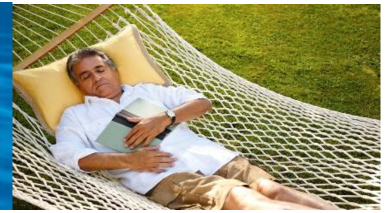
Kaiser Permanente Vallejo Sleep Clinic
Sleep Questionnaire



Name:_________________________ Kaiser #:_______________ Date:________

Sleep Habits

Average bedtime:_________________________

Number of awakenings at night: _______________ Primary reason for awakening:_________________

Estimated total sleep time: _________________

Do you smoke? ❒ Yes ❒ No Do you use alcohol on a regular basis? ❒ Yes ❒ No If yes, how much?___________

Nighttime Symptoms (Please check all that apply)

❒ Snoring ❒ Pauses in breathing ❒ Mouth breather ❒ Heartburn
❒ Drink water ❒ Awake to urinate ❒ Grind teeth ❒ Bed-wetting
❒ Acting out dreams ❒ Nightmares ❒ Night terrors ❒ Sleepwalking or sleep talking
❒ Become sweaty or prefer the room cool ❒ Hallucinations as you fall asleep or awaken
❒ Bed partner complains your legs jerk at night

Daytime Symptoms (Please check all that apply)

❒ Awaken feeling unrefreshed ❒ Awaken with headaches ❒ Awaken with dry mouth
❒ Fatigue ❒ Sleepiness ❒ Take naps
❒ Impotence ❒ Inability to concentrate ❒ Hyperactivity
❒ Driving difficulties: Near misses or accidents due to sleepiness.
❒ Consume caffeinated products (e.g. coffee, tea, soda or chocolate) to stay awake.
❒ Experience weakness if you laugh or become angry.

Please describe your sleep problem

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Epworth Sleepiness Scale.

How likely are you to accidently doze off in the following situations?

0 = No chance of dozing
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

Situation	0	1	2	3
Sitting and reading	❒	❒	❒	❒
Watching Television	❒	❒	❒	❒
Sitting Inactive	❒	❒	❒	❒
As a passenger in a car for an hour without a break	❒	❒	❒	❒
Lying down to rest in the afternoon	❒	❒	❒	❒
Sitting and talking to someone	❒	❒	❒	❒
Sitting quietly after lunch (when you've had no alcohol)	❒	❒	❒	❒
In a car, while stopped at traffic	❒	❒	❒	❒

Total Score:__________

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