Sleep Disorder Questionnaire

The Permanente Medical Group

Division of Sleep Medicine

Insert patient label here

Age:_____ Height:_____ Weight: _____

Nighttime Symptoms (please check)

☐ Snoring ☐ Pauses in breathing ☐ Mouth breather
☐ Drink water ☐ Awake to urinate ☐ Grind teeth
☐ Heartburn ☐ Bed-wetting ☐ Acting out dreams
☐ Sleepwalking, sleep talking ☐ Nightmares ☐ Night terrors
☐ 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)

☐ Awaken feeling unrefreshed ☐ Awaken with headaches ☐ Fatigue
☐ Awaken with dry mouth ☐ 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, chocolate)
☐ Experience weakness if you laugh or become angry

Describe your sleep problem in a few words:

Average bedtime:_____ Average time to fall asleep:

Number of awakenings at night:_____ Primary reason for awakening: _____

Average time to return to sleep:_____ Average wake-up time: _____

Estimated total sleep time: _____

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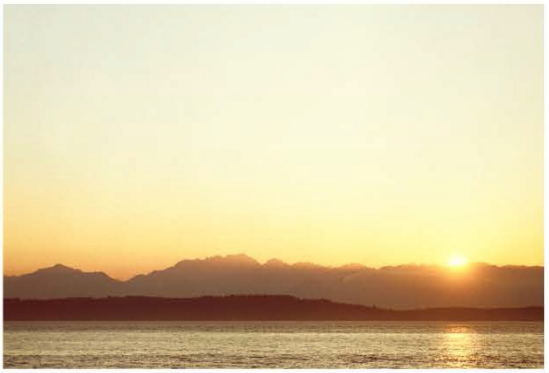

Do you smoke? ☐ Yes | ☐ No

Do you drink alcohol? ☐ Yes | ☐ No

List current medications:

_____

_____

_____

_____

_____

_____

How likely are you to doze off or fall asleep in the following situations, in contrast to 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 number each situation:

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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