

Kaiser Permanente	Sleep Disorders Questionnaire	
Date: Name: MR #: Date of Birth:	Age: Height: Weight:	
Nighttime Symptoms (please circle):	List current medications:	
Snoring Pauses in breathing Mouth breather Drink water or keep water at the bedside Become sweaty or prefer the room cool Awaken to urinate Grind teeth	List previously prescribed sleep medications:	
Heartburn Bed-wetting Unpleasant sensations in legs at bedtime causing restlessness	List drug allergies:	
Bed partner complains your legs jerk at night Brief episodes of paralysis as you fall asleep or awaken Hallucinations as your fall asleep or awaken Acting out dreams Sleepwalking, sleep talking, nightmares, or night terrors	List medical conditions:	
Daytime Symptoms (please circle):	List previous surgical and dental procedures:	
Awaken feeling unrefreshed Awaken with headaches Awaken with dry mouth Fatigue Sleepiness Take naps Impotence Driving difficulties: Near misses or accidents due to sleepiness Inability to concentrate, inattention, or hyperactivity Eat caffeinated products (e.g., coffee, tea, soda, chocolate) Experience weakness if you laugh or become angry	List previous sleep studies performed: List family members with sleep disorders:	
Describe your sleep problem in a few words:	Average bedtime: Average time to fall asleep: Number of awakenings during night: Primary reason for awakenings: Average time to return to sleep: Average wake-up time: Estimated total sleep time:	

Do you smoke? Yes No Do you drink alcohol? Yes No

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 = no chance of dozing 1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

Situation		Chance of dozing		
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (for example, a theater or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting guietly after lunch (when you've had no alcohol)	0	1	2	3
In a car, while stopped in traffic	0	1	2	3

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