

MAINLAND PULMONARY ASSOCIATES

David C. Nickeson, M.D.

Joseph E. Prince, M.D.

Jose A. Cantu, M.D.

M. Dru Abrego, MPAS, PA-C

SLEEP STUDY QUESTIONNAIRE

DATE: _____ NAME: (LAST) _____ (FIRST) _____

(PLEASE CHECK ANY OF THE SLEEP PROBLEMS RELATED TO YOU, NUMBER THE THREE PROBLEMS THAT ARE THE WORST.)

Sleep Apnea _____	Daytime Fatigue _____	Other _____
Loud Snoring _____	Poor sleep Quality _____	_____
Insomnia (falling asleep) _____	Not Enough Sleep _____	_____
Insomnia(staying asleep) _____	Too Much Sleep _____	_____
Narcolepsy _____	Nightmares _____	_____
Restless Legs _____	Sleep Walking _____	_____
Sleep Terrors _____	Leg Jerks _____	_____
Sleep-Wake Schedule Problems _____		

CIRCLE YES OR NO TO EACH QUESTIONS THAT APPLIES TO YOU:

Do you snore?	YES or NO
Do you frequently wake up at night?	YES or NO
Do you gasp for air or choke while sleeping?	YES or NO
Do you fall asleep during the day or take naps?	YES or NO
Do you feel fatigued during the day?	YES or NO
Do you frequently wake up in the morning feeling like you haven't slept?	YES or NO
Do you often have problems with memory or concentration?	YES or NO

SLEEP SCHEDULE

When do you go to bed? MON: _____ TUE: _____ WED: _____ THU: _____ FRI: _____ SAT: _____ SUN: _____
How soon do you fall asleep? _____ How many times do you wake up from sleep? _____
What seems to wake you up? _____
How long does it take to fall back to sleep? _____
What time do you wake up in the morning? _____ Do you need an alarm to wake you up? _____
What time do you get up in the morning? _____
Do you feel refreshed or well rested when you wake up? _____
Do you take naps? _____ When? _____ How many? _____ How long? _____
What do you take to help you sleep? (Ex: medications, herbs, teas, CBD) _____

USE THE 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 DOZING

SITUATION

CHANCE OF DOZING

Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting Inactive in a public place (Theater/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 quietly after lunch (with no alcohol)	0	1	2	3
In a car while stopped in traffic	0	1	2	3