



## Sleep, Daytime Drowsiness and Snoring Questionnaire

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Chief Concern: \_\_\_\_\_

### Sleep Profile:

How many hours per night do you sleep? \_\_\_\_\_ Lights out: \_\_\_\_\_ Awakens: \_\_\_\_\_

Do you have trouble falling asleep?	Yes	No	
How often do you wake up at night?	1-2 times	3-4 times	More than 4 times
How often do you get out of bed at night?	1-2 times	3-4 times	More than 4 times
Do you have difficulty falling back asleep after getting up? How often are you unable to go back to sleep after waking up?	Yes	No	
2-6 times/week    Weekly    Monthly    Rarely    Never			
Have you been told that you stop breathing in your sleep?	Yes	No	
Do you dream?	Frequently	Occasionally	Never
Do you awaken feeling refreshed?	Yes	No	
Have you been told you move around a lot while sleeping?	Yes	No	
Are your bed covers very messed up in the morning?	Yes	No	
Have you been told that you gasp for air while sleeping?	Yes	No	
Do you awaken with a headache?	Yes	No	
Does a small amount of alcohol give you a headache?	Yes	No	
In the last year, has sleep been interfered with due to? (Check all)	Depression	Anxiety	Stress
Do you have night sweats?	Yes	No	
Do you have any physical pain that interferes with you sleep?	Yes	No	

### Daytime Drowsiness Profile:

Sleep quality/energy level:	Good	Fair	Poor
Do you feel sleepy during the day?	Frequently	Occasionally	Never
Do you ever nap during the day? Do you dream while napping?	Frequently	Occasionally	Never
Are you naps refreshing?	Yes	No	N/A
Do you ever fall asleep while driving?	Frequently	Occasionally	Never

### Snoring Profile:

Have you been told that you snore?	Yes	No
How long have you been aware of your snoring?	_____	
Has that caused problems for spouse, relatives or friends?	Yes	No
How would you rate the sound of your snoring?		
Soft      Medium      Loud      Very Loud		
How often do you snore?		
Never    Rarely    Occasionally    Frequently    Most nights		
Do you sleep on your? (check all that apply)		
Side      Back      Stomach      Sitting up		
Is your snoring worse on your?		
Side      Back      Stomach      Sitting up		
Do you have a family history of snoring?	Yes	No
Do you have problems with your nose or with nasal breathing?	Yes	No