

# SLEEP ASSESSMENT QUESTIONNAIRE

Please fill out the following:

Name	Date
Height	Weight
Age	Blood Pressure
Neck size (inches)	
1. Do you snore?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Are you unable to stay awake in the daytime?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Do you wake up with a headache in the morning?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do you wake up in the middle of the night unable to breath or gasping for air?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Do you have sudden episodes of loss of muscle control especially during emotional situations?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Do your legs jerk at night or feel restless?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Do you ever feel unable to move when failing asleep or waking up?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Have you gained a lot of weight in a short time?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Do you have problems falling asleep?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Do you have a hard time staying asleep?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Have you been told your breathing stops while you are asleep?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Do you frequently awaken with: (please circle)	

Dry Mouth - Nasal Congestion – Headache – Heartburn - Chest Pain - Choking & Gasping

According to the following scale, please choose the appropriate number value (using the scale below) to represent HOW LIKELY YOU ARE TO DOSE OFF OR FALL ASLEEP DURING THE DAY (in contrast to just feeling tired) in the following situations:

O- NEVER 1- SLIGHT CHANCE 2- MODERATE CHANCE 3- ALWAYS				
Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive, in a public place (theatre, 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 when possible	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

TOTAL SCORE

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