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Ancillary Profile  
HIM  
131033 (12/02) FMH

### Sleep Lab Questionnaire

Floyd Memorial Hospital and Health Services  
1850 State Street  
New Albany, IN 47150

Place Patient ID Label Here
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Name: \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (work) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family Physician: \_\_\_\_\_

My main sleep complaint is:

- I have trouble sleeping at night.
- I am sleepy all day.
- I have unwanted behavior when I am asleep.

Explain:

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Current Medical conditions for which I am being treated are:

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Medications I am currently taking are:

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**Sleep Habits:**

On weekdays (work days) I usually go to bed at: \_\_\_\_\_.

On weekdays I wake up at: \_\_\_\_\_.

I take a nap about \_\_\_\_\_ days a week.

The amount of time that it takes me to fall asleep is: \_\_\_\_\_.

If I wake up during the night, the time it usually takes me to fall asleep again is: \_\_\_\_\_.

My total sleep time per night is: \_\_\_\_\_.

Place a check beside any of the following statements that are true for you:

- I have a job that involves shift work or night work.
- I frequently travel across time zones (east-west travel).
- I enjoy sleeping very much.
- I usually sleep with a bed partner.

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During the first 30 minutes after waking up in the morning, I usually feel:

- very groggy
- somewhat groggy
- slightly drowsy but awake
- alert
- I generally feel tired or sleepy all day.
- Several times recently I got up later than planned, even though I went to bed at my normal time. Usually I find myself falling asleep during half-hour TV shows.
- I sometimes find myself doing things that make no sense (such as driving my car to the wrong destination and not knowing how I got there, writing nonsense, or mixing chocolate and gravy).
- I've had the sensation of a sudden weakness in my legs while awake (this may occur particularly in emotional situations, such as laughing, crying, anger, etc...).
- I have sometimes felt paralyzed or unable to move when waking up or falling asleep.
- I have hallucinations or dreamlike images when I am not actually asleep but while falling asleep or waking up.

### Parasomnias:

Place a check next to any of the following statements that are true to you:

- I have been told that I grind my teeth when I sleep.
- As an adolescent or adult, I have been seen sleepwalking.
- As an adolescent or adult, I have been heard sleep-talking.
- My dreams are often very vivid.
- I feel that I dream too much.
- My dreams often awaken me.
- I often have frightening dreams.
- I've been told that I bang or twist my head at night.

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### Disturbed Sleep:

Place a check beside any of the following statements that are true:

- I have been told that I snore very loudly.
- Sometimes a person cannot sleep in the same room with me because he or she is bothered by my snoring.
- I am a very restless sleeper.
- I have been told that I kick or poke my bed partner while I am asleep.
- I sometimes awaken with a choking sensation.
- I've been told that I stop breathing when I sleep.
- I have sometimes fallen out of bed.
- I wake up suddenly from sleep with an unpleasant feeling of fear, anxiety, tension, or unhappiness.
- When I wake up during the night, I often have to get up and go to the bathroom.
- I sweat a lot when I sleep.
- I have been told that my legs jerk or twitch while I am sleeping.
- I sometimes wake up with a headache.
- I sometimes have pain from my heart during the night.
- I sometimes have a bitter or sour taste in my mouth when I awaken at night or in the morning.
- I frequently wake up at night with a dry mouth and get a drink.

### Insomnia:

Place a check beside the following statements that are true for you:

- I have trouble falling asleep at night.
- When I don't sleep well, I worry about it the next day.
- When I wake up during the night, I have trouble going back to sleep.
- I sometimes wake up in the morning long before I have to.
- Some nights I never get to sleep no matter how hard I try.
- When I try to go to sleep, my mind races with many thoughts.
- I often sleep better in an unfamiliar bedroom, such as a hotel or motel room.
- When I try to fall asleep I become anxious or nervous.
- When I try to fall asleep I worry about whether or not I can sleep.
- When I try to go to sleep I often feel pain.
- Pain often wakes me up or keeps me from going back to sleep.
- I often take sleeping pills in order to sleep.
- I have a creeping, crawling sensation in my legs when I lie down to sleep.
- When I do sleep, I feel I sleep very well.
- I am a very light sleeper; I am easily awakened by noises.
- My sleep is disturbed because of my bed partner.
- Heat or cold disturbs my sleep.

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### Medical Conditions:

Place a check beside any of the following statements that are true for you:

- I have been told that I have convulsions or seizures at night.
- I have bitten my tongue while asleep.
- I sometimes wake up with heartburn.
- I sometimes wake up with lower back pain.
- I sometimes wake up with feeling of aching or "pins and needles" in my legs.
- I am unable to sleep in a flat position due to shortness of breath.
- I sometimes cough up sputum or mucous during the night or in the morning.
- I have gained more than 10 lbs in the last year.
- I have lost more than 10 lbs in the last year.
- I have been told that I have high blood pressure.
- I rarely drink alcoholic beverages.
- When I drink alcoholic beverages I consume the following:

	Weekdays	Weekend Days
Bottles of beer	_____	_____
Glasses of wine	_____	_____
Shots of liquor	_____	_____
- I use alcohol in order to get to sleep:
  - sometimes  often

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### Men:

- I have awoken with painful penile erections.
- I have problems obtaining or maintaining penile erections.

### Women:

- My sleep problem varies according to the stage of my menstrual cycle.
- I am currently taking birth control pills.
- My sleep problem started or got worse with menopause.

### Family History:

These questions apply to your extended family: parents, children, aunts, uncles, cousins, etc. (related by blood).

- A relative died from "crib death" or sudden infant death.
- Other members of my family have insomnia.
- Other members of my family snore very loudly.
- Other members of my family frequently fall asleep during the day or evening.
- Other members of my family are troubled by sudden attacks of weakness or paralysis, particularly in emotional states.
- Other members of my family were hyperactive as children.
- Other members of my family have the same sleep problems as I do.

### Allergies:

- None
- Medications: \_\_\_\_\_
- Others: \_\_\_\_\_

### Habits:

- Cigarettes \_\_\_\_\_ Pack(s) per day for \_\_\_\_ years.  
\_\_\_\_\_ Former smoker \_\_\_\_ Pack(s) per day for \_\_\_\_ years.
- Marijuana
- Other substances: \_\_\_\_\_