

**Questions For Established Sleep Patients**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Chief Complaint:** What is your main problem today?

**History of Present Illness:**

Compared to your last visit are you better, worse, or unchanged? In what ways?

**Please answer the following questions for your average sleep during the last two weeks:**

Bedtime: \_\_\_\_\_

Do you have difficulty falling asleep? Yes / No      Staying asleep? Yes / No

How long does it take you to fall asleep? \_\_\_\_\_ minutes

Do you awaken during the night? Yes / No      How many times? \_\_\_\_      For how long? \_\_\_\_\_

How many hours do you sleep each night, on average? \_\_\_\_\_ hours

Do you feel refreshed when you get out of bed? Yes / No

Are you sleepy or feel tired during the day? Yes / No

Do you use CPAP? Yes / No      How many nights per week? \_\_\_\_      # of hours per night? \_\_\_\_

Describe any problems you have with CPAP:

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**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=would never doze**
- 1=slight chance of dozing**
- 2=moderate chance of dozing**
- 3=high chance of dozing**

**Situation**

**Chance of dozing**

Sitting and reading

\_\_\_\_\_

Watching TV

\_\_\_\_\_

Sitting, inactive in a public place (e.g. a theater or a meeting)

\_\_\_\_\_

As a passenger in a car for an hour without a break

\_\_\_\_\_

Lying down to rest in the afternoon when circumstances permit

\_\_\_\_\_

Sitting and talking to someone

\_\_\_\_\_

Sitting quietly after a lunch without alcohol

\_\_\_\_\_

In a car, while stopped for a few minutes in traffic

\_\_\_\_\_

**Total Score**

\_\_\_\_\_

**Please list any changes in medications:**

Name of Medicine	Mg per pill	# of pills daily		Name of Medicine	Mg per pill	# of pills daily