Pottstown Medical Specialists, Inc.
The Sleep Wellness Center of Pottstown
1569 Medical Drive Suite 203 Pottstown, PA, 19464
Phone 484 945 0111 Fax 484 945 0122

ADULT SLEEP QUESTIONNAIRE

Patient's Name: _____ **DOB:** _____
Referring Physician: _____
Family Physician: _____
Primary Phone #: _____ **Alternative #:**_____
Emergency Contact #: _____ **Phone #:** _____

Describe your main sleep related problem(s) in your own words, including when and how this began and what treatments you have received in the past.

_____

_____

SLEEP HABITS/HISTORY

How many hours of sleep do you normally get per night? _____

On a typical day, what time do you usually…..

	Week Days	**Weekends**
Go to bed:	_____ am/pm	_____ am/pm
Get up:	__ _ _ _____ am/pm	_____ am/pm

Do You have/do any of the following? *(Check only the statements that apply)*

☐ Difficulty falling asleep ☐ Waking up during the night ☐ Waking up early in the morning
☐ Difficulty awakening ☐ Excessive daytime sleepiness ☐ Loud Snoring
☐ Wake up once you fall asleep? If so, how many times per night? _____
☐ Take a nap? If yes how many times _____
☐ Watch TV or read in bed before going to sleep? If YES, how long? _____
☐ Use sleeping aids or medicine? If YES, what kind(s) and how often?_____

BEFORE FALLING ALSEEP *(Check only the statements that apply)*

☐ Experience any racing thoughts?
☐ Experience feelings of depression?
☐ Kick or move your legs or arms in your sleep?
☐ Experience numbness, crawling, tingling or aching prior to falling?
☐ Experience an irresistible urge to move your legs or arms?

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How many times during the week do you experience these symptoms? _____

☐ Symptoms better with movement?

BEHAVIOR DURING SLEEP *(Check only the statements that apply)* Do you -

☐ Walk in your sleep?
☐ Talk in your sleep?
☐ Have any nightmares(frightening dreams) or night terrors?
☐ Grind your teeth while asleep?
☐ Have you been told you enact your dreams or thrash in bed?

UPON AWAKENING *(Check only the statements that apply)* Do you -

☐ feel refreshed?
☐ snore? If yes, it is loud and disturbing to others? _____
☐ Did anybody notice that you stop breathing while I sleep? If yes, who _____
☐ wake up choking, smothering or gasping for air?
☐ wake up suddenly feeling fear, anxiety, or unhappiness?
☐ wake up with your heart pounding, beating rapidly or irregularly?
☐ wake up with a dry mouth or sore throat?
☐ often have to go to the bathroom during the night?
☐ wake up with a headache in the morning?

Hypersomnia/Sleepiness while awake *(Check only the statements that apply)* Do you -

☐ Feel rested after you wake up? If no, explain _____
☐ Have / nearly had any driving accidents due to sleepiness?
☐ Tend to fall asleep while riding a bus or passenger in a car, reading or watching TV?
☐ Have you had trouble doing your job because of sleepiness or fatigue?
☐ Have reduced sexual interest or function?

Neurologic Symptoms

☐ Do you get sudden weakness (even brief paralysis, unable to move) when laughing, angry, in an emotional situation or when you are surprised?
☐ Have you had partial or total paralysis (unable to move extremities or other parts) during sleep?
☐ Have you experienced hallucinations or dreamlike images or sounds (pleasant or terrifying) while falling asleep or waking up?

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Epworth Sleepiness Scale

Directions: Please read the list of situations and answer how likely you are to doze off or fall asleep, 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 = NEVER doze off
1 = SLIGHT chance of dozing
2 = MODERATE chance of dozing
3 = HIGH chance of dozing

SITUATION	**CHANCE OF DOZING**
Sitting and reading	
Watching television	
Sitting quietly in a public place such as in a meeting or in a theater	
As a passenger in a car for an hour without a break	
Lying down in the afternoon when circumstances permit	
Sitting and talking with someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL SCORE	

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