SLEEP QUESTIONNAIRE

Please circle your answers

What is your main sleep problem? Snoring Daytime sleepiness Breath pauses in sleep leg movements

Height: ________________  Weight: ________________  Collar size: ________________

If you Snore, rate your snoring from 1(very mild) to 10(very severe): ________________

What time do you go to bed? ________________

What time do you wake? ________________

How many times per night do you wake up? ________________

How many hours of sleep per night do you get? ________________

Do you have nasal congestion? YES OR NO

Do you have environmental allergies? YES OR NO

Do you ever experience a strong urge to move your legs? YES OR NO

If yes, does this urge improve with movement? YES OR NO

If yes, does this urge get worse when you are not moving? YES OR NO

If yes does this urge get worst in the evening? YES OR NO

If yes do the leg movements interfere with your sleep? YES OR NO

Do you ever wake from sleep unable to move your arms and legs YES OR NO

Do you ever hallucinations as you falling asleep or waking up? YES OR NO

Do you ever have sudden episodes of muscle weakness when you experience strong emotions such as laughing or crying? YES OR NO

Daytime fatigue: ________________

Weight Change: ________________

Any Family History Of Obstructive Sleep Apnea?: ________________
Epworth Sleepiness Scale

Name: ___________________________ Today’s date: ________________

Your age(Yrs): ___________ Your sex(male=M, Female=F): ___________

How likely are you to doze 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 haven’t 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

It is important that you answer each question as best you can.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Chance of Dozing (0-3)</th>
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<tbody>
<tr>
<td>Sitting and reading</td>
<td></td>
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<tr>
<td>Watching TV</td>
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<tr>
<td>Sitting, inactive in a public place (e.g. a theatre or a meeting)</td>
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<tr>
<td>As a passenger in a car for an hour without a break</td>
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<tr>
<td>Lying down to rest in the afternoon when circumstances permit</td>
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<tr>
<td>Sitting and talking to someone</td>
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<tr>
<td>Sitting quietly after lunch without alcohol</td>
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<tr>
<td>In a car, while stopped for a few minutes in traffic</td>
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</tbody>
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Thank you for your cooperation