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Patient's Screening Questionnaire

Name:_______________________________ **DOB:**______________ **Referring provider:**________________________________

The following table contains symptoms, risk factors, behaviors and other items associated with sleep problems. Check all that apply to you, even if something occurs only once in a while. If you have a bedpartner or there is someone who has observed your sleep, ask that person to help you complete this form.

SLEEP APNEA
- □ Snoring
- □ Excessive Daytime Sleepiness
- □ Waking up Gasping/choking
- □ Stops breathing
- □ Sleepy during afternoon
- □ Coughing
- □ Wake up with headaches
- □ Wakes with dry mouth
- □ Non-refreshing sleep after full night sleep
- □ Snorting
- □ Sweating during sleep
- □ Heart pounding during sleep
- □ Atrial fibrillation (Afib)
- □ Heart disease
- □ Stroke
- □ Age 65 or older
- □ High blood pressure
- □ Diabetes
- □ Overweight
- □ Recent weight gain
- □ Family history of sleep apnea
- □ Previous sleep study
- □ Current CPAP use
- □ Previous CPAP use
- □ Current oral appliance use

INSOMNIA
- □ Difficulty falling asleep
- □ Difficulty staying asleep
- □ Waking too early
- □ Not getting enough sleep
- □ Irregular sleep schedule
- □ Mind racing
- □ Travel time zones
- □ Pain or discomfort
- □ Depression
- □ Anxiety
- □ Job stress
- □ Relationship problems
- □ Shift work

DAYTIME PROBLEMS
- □ Feeling sleepy
- □ Tired, no energy
- □ Irritable/moody
- □ Difficulty concentrating
- □ Inattentiveness
- □ Memory Problems
- □ Dozing off unintentionally
- □ Napping on purpose
- □ Sleepy while driving
- □ Accident due to sleepiness
- □ Dozing off at work/school
- □ Falling asleep while driving

PARASOMNIA
- □ Sleep walking
- □ Sleep talking
- □ Sleep terrors
- □ Sleep eating
- □ Vivid dreams
- □ Acting out dreams
- □ Very restless sleep
- □ Teeth grinding
- □ Whole body jerks before falling asleep
- □ Body rocking before falling asleep

RESTLESS LEGS
- □ Urge to move legs when trying to sleep
- □ Tingling or crawly feeling in the legs
- □ Urge to move is worse when seated/lying
- □ Moving legs helps relieve discomfort
- □ Symptoms worse in evening or at bedtime

(TO BE FILLED BY PROVIDER)

Related Examination Findings

Blood Pressure Reading: _______

Neck Circumference: ______ inches

BMI : _____

Mallampatti:

1 **2** **3** **4**

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Stop Bang Score: ˙˙˙˙˙ĐÅ˙˙˙___

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- □ Hypertension
- □ **Stroke/TIA**
- □ **COPD**
- □ **Congestive Heart Failure**
- □ **Pulmonary Hypertension**
- □ **Parkinsonism**
- □ **Dementia**
- □ **Cardiac Arrhythmia/ Atrial Fib**
- □ REM Behavior Disorder
- □ Sleep talking
- □ Sleep walking
- □ Bruxism (Grinding Teeth)
- □ Unspecified Insomnia
- □ Diabetes
- □ Neuro Muscular Disorder
- □ Epilepsy/Seizures
- □ Leg jerking

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Have you ever had the following kinds of weakness develop suddenly during an emotional situation? *(For example, when laughing, or if angry or an exciting situation, etc.?)*

□ Knees buckling □ Head Nodding □ Mouth opening □ Falling Down

SLEEP SCHEDULE:

Bedtime _____ am / pm, Wake-up _____ am / pm?

How long does it usually take you to fall asleep after the lights are off? ______ minutes

On average, how many times do you awaken during the night? ______ times

EPWORTH SLEEPING SCALE: Do you feel very sleepy or fall asleep during these situations?

(**0**=No chance of dozing, **1**=slight chance, **2**=moderate chance, **3**=high chance)

Sitting and reading	**0**	**1**	**2**	**3**
Watching TV	**0**	**1**	**2**	**3**
Sitting inactive in a public place	**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 circumstances permit	**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 or at a red light	**0**	**1**	**2**	**3**

Total: ________

Home#:__________________________ **Cell#:**____________________________ **Work#:**____________________________

Patient Signature: ____ **Date:** ______________________