Epignosis Specialty Practice 320 Wilson Street West Hempstead, New York 11552

## SLEEP QUESTIONNAIRE Chief Complaint and History

Name:		
Address:		
Marital Status:	Living Arrangements:	
Occupation:		
Details of chief complaint:	Duration of complaint:	
Improved by doing:		
	nce the following?  Ing symptoms you experience:  In a symptom you experience:	
	tient may be unaware, bed partner may	
<ul> <li>□ Twitching or kicking arms/ legs</li> <li>□ Nightmares</li> <li>□ Screams</li> <li>□ Violent behavior</li> </ul>	<ul><li>out)</li><li>□ Chewing</li><li>□ Sleep walking</li><li>□ Sleep talking</li></ul>	
Symptoms that occur while awakening:  ☐ Headaches ☐ Wheezing or sobbing ☐ Racing heart or palpitations		
01 booon		

Epignosis Specialty Practice 320 Wilson Street West Hempstead, New York 11552		
□ Leg cramps □ Heartburn	□ Numbness or tingling	
Daily Schedule:		
Time of work:	Time of school:	
Time of meals: Breakfast Lunc	h Dinner Snacks	
Time of exercise: Do	you wake up fresh in the morning?	
Average intake of the following:		
Caffiene: Alcohol		
	<u>ie Schedule:</u>	
Does a bedtime routine exist? ☐ Yes		
Estimated time of sleep onset:		
Number awakenings:	To use the washroom:	
Final wake-up time:		
Is your awakening: □ Spontaneous	$\Box$ Alarm $\Box$ By other people	
Sleep Settings: (Check the following factors that disturb your sleep)  Noise - Extreme temperature - Lincomfortable sleep surfaces		
□ Noise □ Extreme temperature □ Uncomfortable sleep surfaces □ Frequently changing sleep positions Age of mattress:		
Frequently changing sleep positions	Age of mattress:	
Insomnia: (Check which describes your current sleep problem)		
□ Difficulty falling asleep □ Frequent awakenings		
☐ Early morning awakening with inability to return to sleep		
and the state of t	ing with maching to retain to sleep	
Do you fall asleep	at inappropriate times:	
	on toilet   During sexual intercourse	
Restless Le	g Syndrome	
Restless Leg Syndrome  1. Do you sometimes have an urge to move your legs, often associated with the		
Creepy, crawly or achy sensations?	•	
2. Do you get relief or temporary ease		
you move? □ Yes or □No	Tom the dige of leg sensations when	
you move: a result allo		



Epignosis Specialty Practice 320 Wilson Street West Hempstead, New York 11552

- 3. Do your leg symptoms get worse when you are resting or inactive? (Please cicle)
- 4. Do your leg symptoms get worse at night? □Yes or □No

Epignosis Specialty Practice 320 Wilson Street West Hempstead, New York 11552

## Adjustment sleep disorder Recent stressful events in your life: Recent positive life events: Are you anxious when preparing for sleep? Yes □ No □ Do you worry about insomnia and it's effects on your performance at work Yes □ or at home the following day? No □ Do you sleep better in an unfamiliar sleep setting? Yes □ No □ Do you experience sleep problems with the following? □ Irregular bedtimes ☐ Late night exercise ☐ Watching TV in bed ☐ Going from work directly to bed Behaviors and thoughts that accompany nocturnal awakenings: Do you eat at night or during your sleep time? Yes □ No $\square$ Do you drink alcohol at night or while your sleeping? Yes □ No □ After sleeping eight hours do you feel rested or refreshed? **B. EXCESSIVE SLEEPNESS** For each of the following situations, tell us tell us how you would rate your likeliness to dose off ( whether or not you intend to): 1 = Slight chance 0 = Never2 = Moderate chance 3 = High chance**Situations:** Sitting and reading Sitting inactive in a public place like a theatre As a passenger in a car for a hour with a break Lying down to rest in the afternoon when circumstances permit Sitting and talking with someone Sitting quietly after lunch without alcohol In a car while stopped for a few minutes in traffic Does drowsiness interfere with daytime activities? A.M. sleepiness □ P.M. sleepiness How often, during the day, do you nap? \_\_\_\_\_ How long each time?\_\_\_\_\_



Epignosis Specialty Practice 320 Wilson Street West Hempstead, New York 11552