The purpose of this questionnaire is to determine the nature of your sleep problem. Please try to answer these questions as accurately as possible. Your sleep partner’s information may also be very helpful in our evaluation of your sleep problem; a page for him/her to fill our is included with this questionnaire.

Your Name:\_\_\_\_\_\_Maxie Schmidt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_6/16/2021\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_35\_\_\_ Date of Birth:\_\_\_\_\_\_11/25/1985\_\_\_\_\_\_\_ Height \_6\_\_\_ft\_\_0\_\_in Weight \_\_235\_\_\_lbs.

Occupation: \_\_\_\_\_\_\_Graduate Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Physician:\_\_\_\_\_\_Technically, no referral, but you can speak to Dr. Shannon Croft at Stamps Psychiatry at GA Tech

Primary Care Physician:\_\_\_\_\_\_\_\_Dr. Phoung Dinh\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single \_X\_\_ Married \_\_\_\_ Partner \_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

**Have you ever had a sleep study?** Yes \_\_\_\_ No \_X\_\_\_ If yes, what year? \_\_\_\_\_\_\_\_\_

Where was it done? \_\_\_\_\_N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**It Is very important that we get copies of all your previous sleep studies done at outside facilities. Please bring copies of your studies to your visit.**

NOTE: I have had a home sleep apnea test confirmed as negative for that sleep disorder this past year.

**If you have a CPAP machine, please bring it in, even if you are not currently using it.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

What is your main complaint? (check all that apply to you)

\_\_\_\_ Difficulty falling asleep

\_\_\_\_ Waking up during the night

\_\_\_\_ Waking up early in the morning

\_\_X\_\_ Feeling sleepy or falling asleep frequently during the day

\_\_\_\_ Snoring

\_\_\_\_ Stopping breathing during sleep

\_\_\_\_ Other. Please describe: \_\_\_I have some kind of hypersomnia in addition to the constant chronic fatigue (even on a high stimulant dosage). Sometimes I can sleep for 48-72 hours straight only getting up occasionally to eat or drink. The constant fatigue and sleep issues are interfering with my day to day life and making it impossible for me to function as a normal professional and adult human.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have any of these been a problem? \_This started around 2015. Including the constant fatigue on the same stimulant dosages I had taken for nearly ten years. That is also the time period where the excessively multiple day long sleep spells started.

What makes it better? \_Taking an increased dosage of my stimulant medications, at least on the days where that is possible. Doing that can at times make me go through 1-2 week time periods at the end of the month where I cannot take those medications. But I find myself having to that just to get through and feel wakeful and able to concentrate as a graduate student in a highly demanding math research career. When I graduate and have even more responsibility, I am really concerned that I will not be able to function like this!

What makes it worse?\_\_Alcohol use, in general. Really, really bad days are when I do not have stimulants to take due to needing the increased dosages to function earlier in the month. (I do not feel high when I take this increased rate of medication for school. It is the only thing that lets me wake up, get up, stay up and be able to work like a normal person. It is technically more than I have been prescribed on a daily basis those days, but I am not abusing this in an unhealthy way. I cannot really even wake up and get out of bed on the days I am off the stimulant meds. I need it to function, while some doctor types try to convince me to reduce dosages they have been writing me for years now and that I should need less and less over time...)

Is it improving, worsening, or unchanged? \_\_About the same, which is to say very bad, and for a while

Any associated symptoms? \_\_\_\_\_Anxiety, depression\_

On Weekdays On Weekends (same schedule for a while)

What time do you usually go to bed? \_\_\_10-2\_\_\_\_ What time do you usually go to bed? \_\_\_\_\_\_\_

What time do you usually get up? \_\_11-1\_\_\_\_\_ What time do you usually get up? \_\_\_\_\_\_\_

How long until you fall asleep? \_\_var\_\_\_\_\_ How long until you fall asleep? \_\_\_\_\_\_\_

How many times do you think you usually wake up each night? \_\_\_\_\_\_A couple, frequent urination\_

If you wake up, is it easy or hard to fall asleep again? \_\_\_\_\_\_Sometimes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours of sleep do you usually get each night? \_\_\_\_\_\_\_\_\_\_12-16\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I take a nap about \_\_??\_\_day(s) each week, typically \_lots\_\_\_hrs. \_\_\_\_mins. After a nap, I usually feel \_\_\_\_refreshed \_\_X\_\_groggy/sleepy.

What are your usual work hours? \_\_\_\_\_\_variable, though I have a more regular schedule weekdays this summer and fall due to new teaching schedules for me.\_

Have you ever done shift work? If yes, give details \_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you regularly take sleeping pills? Yes\_\_X\_ No \_\_\_ If yes, please specify \_\_\_\_\_\_\_\_\_\_Trazodone\_

Do you take any medication to keep you alert? Yes\_X\_No\_\_ If yes, please specify\_\_\_\_\_caffeine, Vyvanse capsules, adderall tablets\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many caffeinated drinks (coffee, tea, soda, energy drinks) do you consume per day? \_\_\_\_\_2-4\_\_\_\_\_\_

What time do you drink the last caffeinated beverage? \_\_\_\_6-8\_\_\_\_\_

How many alcoholic drinks (beer, liquor, wine) do you consume per day \_\_\_too many\_\_\_\_, per week \_\_\_???\_\_\_\_\_?

Have any of your blood relatives been diagnosed with sleep apnea? \_\_X\_\_Yes \_\_\_\_No

Have any of your blood relatives been diagnosed with narcolepsy? \_\_??\_\_Yes \_\_\_\_No

Have you ever been diagnosed with depression or anxiety? \_\_X\_\_Yes \_\_\_\_No

How much do you think anxiety and/or depression play a role in your sleep problem? \_\_\_\_a lot

Do you have any medical illnesses (example: high blood pressure, heart failure, stroke, diabetes, etc)?

\_\_\_\_\_\_\_No, but mental health diagnoses are something I regularly take meds prescribed by my psychiatrist. Besides adult ADD/ADHD, anxiety, depression and trauma, I am only comfortable disclosing my precise medical diagnosis in person when we meet due to stigma on paper. My psychiatrist has provided me with a release form that I can sign so he can bring you up to speed on what he treats me for, and to coordinate any care with him.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any additional information that might be helpful to physicians and/or clinicians during your sleep evaluation.

\_\_\_\_I think I have been very honest and up front. My current doctor does not have the specialty nor ability to diagnose the sleep disorder that I believe I suffer from. He consented that he would be comfortable coordinating care with a sleep neurologist if you are able to write me an increased dosage of my stimulants, which he is not comfortable prescribing himself with only a standing ADHD diagnosis. He suggested that he can talk with you and possibly be an advocate for my getting a preliminary diagnosis if the extensive lab work is too expensive for me to afford in graduate school on my current student insurance plan. I really am just exhausted and so frustrated that I am this unable to function over something that is treatable with the right medical specialist care.

**Never** **Sometimes Frequently**

Do you snore? \_\_\_\_\_\_\_\_ \_\_\_\_???\_\_\_\_ \_\_\_\_\_\_\_\_

Have you been told (by someone else)

that you stop breathing during sleep? \_\_\_X\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Have you been told (by someone else)

that you gasp or snort when you sleep? \_\_\_\_X\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Do you awaken in the morning with a

headache, sore throat, or dry throat? \_\_\_\_\_\_\_\_ \_\_\_\_X\_\_\_\_ \_\_\_\_\_\_\_\_

Do you experience vivid dream-like

scenes on awakening or falling asleep? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_X\_\_\_\_

Are you sleepy during the day? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_X\_\_\_\_

Do you get drowsy driving short distances? \_\_\_\_\_\_\_\_ \_\_\_\_X\_\_\_\_ \_\_\_\_\_\_\_\_

Are you a commercial driver/pilot?

\_\_\_\_Yes \_\_X\_\_No

Do you ever feel sudden muscle

weakness when you laugh, get angry, or

surprised? \_\_\_???\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Do you ever feel paralyzed or unable to

move when waking or falling asleep? \_\_\_\_\_\_\_\_ \_\_\_???\_\_\_\_\_ \_\_\_\_\_\_\_\_

Do you wake up suddenly from sleep

with an unpleasant feeling of fear or

anxiety? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_X\_\_\_\_

Do you have leg discomfort in the evenings

that disturb your sleep? \_\_\_\_\_\_\_\_ \_\_\_\_X\_\_\_\_ \_\_\_\_\_\_\_\_

Worse at night? \_\_\_\_\_\_\_\_ \_\_\_\_??\_\_\_\_ \_\_\_\_\_\_\_\_

Worse at rest? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_X\_\_\_\_\_

Better with movement? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_X\_\_\_\_

Do you have leg cramps? \_\_\_\_\_\_\_\_ \_\_\_\_X\_\_\_\_ \_\_\_\_\_\_\_\_

Do you sleep walk? \_\_\_\_\_\_\_\_ \_\_\_???\_\_\_ \_\_\_\_\_\_\_\_

Do you sleep talk? \_\_\_X\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Do you act out your dreams? \_\_\_\_X\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**EPWORTH SLEEPINESS SCALE**

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 (0-3)**

Sitting and reading \_\_1\_\_\_

Watching TV \_\_\_2\_\_

Sitting inactive in a public place (e.g., a theater) \_\_1\_\_\_

As a passenger in a care for an hour without a break \_\_\_2\_\_

Lying down to rest in the afternoon when

circumstances permit \_\_\_3\_\_

Sitting and talking to someone \_\_1\_\_\_

Sitting quietly after a lunch without alcohol \_\_1\_\_\_

In a care, while stopped for a few minutes in traffic \_\_\_1\_\_

**Total: \_\_12\_\_\_**

**To Be filled out by your spouse, bed partner, or roommate.**

Spouse or bed partner or roommate’s name: \_I am not able to complete this part of the forms.\_\_\_\_\_\_\_\_

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any of the following that you have observed the patient doing while asleep:

\_\_\_\_\_ light snoring \_\_\_\_\_ twitching of legs or feet

\_\_\_\_\_ loud snoring \_\_\_\_\_ grinding teeth

\_\_\_\_\_ short pauses in breathing \_\_\_\_\_ frequent awakenings

\_\_\_\_\_ long pauses in breathing \_\_\_\_\_ talking in sleep

\_\_\_\_\_ loud snorting or gasping \_\_\_\_\_ kicking during sleep

How long have you noticed these behaviors?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe these behaviors in more detail, including how they appear or sound to you, in what part of the night they tend to occur, how often, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had to leave the bedroom because of this behavior? \_\_\_\_\_Yes \_\_\_\_\_ No

Additional comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_