Sleep Disorders Center

St. Joseph Hospital

ST. JOSEPH HEALTH SYSTEM

SLEEP HEALTH QUESTIONNAIRE		Date:
Name: *(Last, First M.I.)*	☐ M ☐ F	DOB: Age:
Height:	Weight:	Neck Size:

1.	Do you snore loudly?	YES	NO
2.	Does your snoring bother your partner?	YES	NO
3.	Has someone noticed that you stop breathing or gasp for air at night?	YES	NO
4.	Do you wake up with a dry / sore throat or headache in the morning?	YES	NO
5.	Do you wake up at night feeling flushed, sweaty or with a rapid pulse?	YES	NO
6.	Do you have difficulty falling asleep or staying asleep?	YES	NO
7.	Do you wake frequently during the night or feel unrefreshed in the morning?	YES	NO
8.	Do you rely often on sleeping medications?	YES	NO
9.	Do you experience unpleasant sensations in your legs at night?	YES	NO
10.	Do you have difficulty staying awake during the day?	YES	NO
11.	Do you have poor concentration or memory?	YES	NO
12.	Do you need to take naps during the day?	YES	NO
13.	Do you walk or talk excessively in your sleep?	YES	NO
14.	Do you have any other health problems that affect your sleep?	YES	NO
15.	Do you have other sources of frequent disruption of your sleep? *(e.g. heartburn, pain, nightmares)*	YES	NO

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling 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 off
1 = Slight chance of dozing
2 = Moderate chance of dozing *(two to three times out of five opportunities)*
3 = High chance of dozing *(four to five times out of five opportunities)*

Chance of Dozing:	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (e.g. a theater or meeting)	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	0	1	2	3

Total Score (sum of all answers): _____