# PULMONICS PLUS PLLC
## SLEEP QUESTIONNAIRE

**Patient Name**_____ **DOB:** _____ **Family Physician:** _____

**Home Phone:** _____ **Cell Phone:** _____ **Email:** _____@_____

1. What is your main sleep complaint:
   - ❑Snoring
   - ❑ Can't fall asleep
   - ❑Stop breathing in my sleep
   - ❑ Talk or walk in my sleep
   - ❑ Sleepy during the day
   - ❑Other: _____
2. What is your bedtime? _____ What time do you normally awaken? _____ # of naps during the day: _____ Weekend sleep time _____ Wake time on weekends _____Do you shift work? _____
3. How long does it take to fall asleep? _____ Do you feel refreshed upon awakening? _____
4. On average how often do you awaken during the night? _____ Why? _____
5. Please list how many caffeinated drinks (including sodas) you take in a day: _____
6. How many cigarettes do you smoke? _____ Alcohol beverages? _____
7. Have you been diagnosed with sleep apnea before? _____ Where & when _____ If yes, what was your CPAP pressure _____
8. Have you ever dozed off while driving _____
9. Your current medical history (Please check all that apply):
   - ❑ Anemia / Abnormal Hemaglobin
   - ❑Arthritis
   - ❑Asthma
   - ❑Atrial Fibrillation / Pacemaker / Defibrillator
   - ❑Bleeding Disorder
   - ❑Cancer (type) _____
   - ❑Congestive Heart Disease (Mild / Severe)
   - ❑COPD/Emphysema
   - ❑Diabetes
   - ❑Digestive Disorder
   - ❑Epilepsy / History of Seizure
   - ❑Gastric Ulcer
   - ❑ Glaucoma
   - ❑ Heart Murmur
   - ❑ High Cholesterol
   - ❑ HIV
   - ❑Hypertension
   - ❑ Increased Carbon Dioxide Level
   - ❑ Lung Disease (other) _____
   - ❑ Lupus
   - ❑ Mental Illness
   - ❑ Rheumatic Fever
   - ❑Sarcodosis
   - ❑ Stroke / Mini Stroke
   - ❑ Tuberculosis
   - ❑ Other/Surgery _____
10. List ALL medications and dosage (including sleeping pills and any mood meds)

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11. ALLERGIES: Please list all medications (prescription & non) that you are allergic to, **including reaction**

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12. Family History:

13. Please describe your overall health: ❑ Very good ❑ Good❑ Average ❑ Poor ❑ Very poor
14. On a pain scale of 1 to 10, 1 being no pain and 10 is the worst pain; please rate your chronic pain level *(skip if no pain)*: 1 2 3 4 5 6 7 8 910

**Please answer the following questions using this scale (consult bed partner if needed):**

**0**= No or Never **1**= Rarely **2**= Sometimes **3**= Often **4**= Frequently **5**= Always

(please circle one)

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| **Sleep Apnea:** | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | I have been told that I **snore**. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have been told that I **stop breathing** while asleep. |
| 0 | 1 | 2 | 3 | 4 | 5 | I awaken with a **dry mouth** in the morning. |
| 0 | 1 | 2 | 3 | 4 | 5 | I awaken with **headaches**. |
| 0 | 1 | 2 | 3 | 4 | 5 | I awaken during the night **choking or gasping** for air. |
| 0 | 1 | 2 | 3 | 4 | 5 | I feel **sleepy** during the day. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have problems with my work because of **fatigue**. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have to take naps during the day. |
| 0 | 1 | 2 | 3 | 4 | 5 | After naps in the day I **am fresh** or **not fresh**(circle relevant only) |
| **Others:** | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | I **sleep talk**, **sleep walk**, **grind teeth**(circle relevant only) |
| 0 | 1 | 2 | 3 | 4 | 5 | I have been told I'm a **restless sleeper**. |
| 0 | 1 | 2 | 3 | 4 | 5 | I excessively **perspire** at night. |
| 0 | 1 | 2 | 3 | 4 | 5 | I awaken during the night with **heartburn**. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have asthma/COPD/wheezing attacks during the night. |
| **Insomnia:** | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | I have trouble **going** (or starting) to sleep at night. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have trouble **staying or maintaining** sleep at night. |
| 0 | 1 | 2 | 3 | 4 | 5 | I awaken with feeling of **anxiety or fear**. |
| 0 | 1 | 2 | 3 | 4 | 5 | I **awaken in the morning**, long before I want to. |
| 0 | 1 | 2 | 3 | 4 | 5 | I cannot fall asleep because of pain. |
| **Restless leg syndrome or Nocturnal Myoclonus:** | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | I have **aching or crawling sensations** in my legs. |
| 0 | 1 | 2 | 3 | 4 | 5 | I **stretch** my legs to relieve the aching/crawling sensations. |
| 0 | 1 | 2 | 3 | 4 | 5 | Symptoms worsen **during** the evening/night as compared to the day |
| 0 | 1 | 2 | 3 | 4 | 5 | I have been told I kick during the night. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have **muscle tension** in my legs even when I'm relaxed. |
| 0 | 1 | 2 | 3 | 4 | 5 | I experience **leg pain** during the night. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have been told parts of my body "**jerk**". |
| **Sleep Behavior:** | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | I have been told that I "**act out my dreams**". |
| 0 | 1 | 2 | 3 | 4 | 5 | I have fallen asleep while **laughing** or **crying**. |
| 0 | 1 | 2 | 3 | 4 | 5 | When I **get angry** or **laugh** I feel like I am going limp or pass out |
| 0 | 1 | 2 | 3 | 4 | 5 | Sometimes I feel that I **cannot wake up** or **move from sleep**. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have now, or in the past, had **seizures** in my sleep. |
| 0 | 1 | 2 | 3 | 4 | 5 | I have noticed **tongue bite** or **urination** in my sleep. |

## Epworth Sleepiness Score (ESS)

**Please use the following scale to choose the most appropriate number for each selection:**

0= would **never** doze or sleep
1= **slight chance** of dozing or sleeping
2= **moderate chance** of dozing or sleeping
3=**high chance** of dozing or sleeping

| Situation | Chance of dozing or sleeping |
|---|---|
| Sitting and reading | 1 2 3 |
| Watching TV | 1 2 3 |
| Sitting inactive in a public place | 1 2 3 |
| Lying down in the afternoon | 1 2 3 |
| Sitting and talking to someone | 1 2 3 |
| Sitting quietly after lunch (no alcohol) | 1 2 3 |
| Stopping for a few minutes in traffic while driving | 1 2 3 |
| As a passenger in a car for an hour without a break | 1 2 3 |

Total Score: _____

## Beck's Depression Scale

(please circle one)

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|---|---|
| **Question 1**<br>**0** I do not feel sad<br>**1** I feel sad<br>**2** I am sad all the time and I can't snap out of it.<br>**3** I am so sad and unhappy that I can't stand it. | **Question 12**<br>**0**I have not lost interested in other people.<br>**1**I am less interested in other people than I used to be.<br>**2**I have lost most of my interest in other people.<br>**3**I have lost all of my interest in other people. |
| **Question 2**<br>**0** I am not particularly discouraged about the future.<br>**1** I feel discouraged about the future.<br>**2** I feel I have nothing to look forward to.<br>**3** I feel the future is hopeless and that things cannot improve. | **Question 13**<br>**0**I make decisions about as well as I ever could.<br>**1**I put off making decisions more than I used to.<br>**2**I have greater difficulty in making decisions more than I used to.<br>**3**I can't make decisions at all anymore. |
| **Question 3**<br>**0** I do not feel like a failure.<br>**1** I feel I have failed more than the average person.<br>**2** As I look back on my life, all I can see is a lot of failures.<br>**3** I feel I am a complete failure as a person. | **Question 14**<br>**0**I don't feel that I look any worse than I used to.<br>**1**I am worried that I am looking old or unattractive.<br>**2**I feel that there are permanent changes in my appearance that make me look unattractive.<br>**3**I believe that I look ugly. |
| **Question 4**<br>**0** I get as much satisfaction out of things as I used to.<br>**1** I don't enjoy things the way I used to.<br>**2** I don't get real satisfaction out of anything anymore.<br>**3** I am dissatisfied or bored with everything. | **Question 15**<br>**0**I can work about as well as before.<br>**1**It takes an extra effort to get started at doing something.<br>**2** I have to push myself very hard to do anything.<br>**3**I can't do any work at all. |
| **Question 5**<br>**0** I don't feel particularly guilty.<br>**1** I feel guilty a good part of the time.<br>**2** I feel quite guilty most of the time.<br>**3** I feel guilty all of the time. | **Question 16**<br>**0** I can sleep as well as usual.<br>**1**I don't sleep as well as I used to.<br>**2**I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.<br>**3**I wake up several hours earlier than I used to and cannot get back to sleep. |
| **Question 6**<br>**0** I don't feel I am being punished.<br>**1** I feel I may be punished.<br>**2** I expect to be punished.<br>**3** I feel I am being punished. | **Question 17**<br>**0**I don't get more tired than usual.<br>**1**I get tired more easily than I used to.<br>**2** I get tired from doing almost anything.<br>**3** I am too tired to do anything. |

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| **Question 7**<br>**0** I don't feel disappointed in myself.<br>**1** I am disappointed in myself.<br>**2** I am disgusted with myself.<br>**3** I hate myself. | **Question 18**<br>**0** My appetite is no worse than usual.<br>**1** My appetite is not as good as it used to be.<br>**2** My appetite is much worse now.<br>**3** I have no appetite at all anymore. |
| **Question 8**<br>**0** I don't feel I am any worse than anybody else.<br>**1** I am critical of myself for my weaknesses or mistakes.<br>**2** I blame myself all of the time for my faults.<br>**3** I blame myself for everything bad that happens. | **Question 19**<br>**0** I haven't lost much weight, if any, lately.<br>**1** I have lost more than five pounds.<br>**2** I have lost more than ten pounds.<br>**3** I have lost more than fifteen pounds. |
| **Question 9**<br>**0** I don't have any thoughts of killing myself.<br>**1** I have thoughts of killing myself, but I would not carry them out.<br>**2** I would like to kill myself.<br>**3** I would kill myself if I had a chance. | **Question 20**<br>**0** I am no more worried about my health than usual.<br>**1** I am worried about physical problems such as aches and pains, or upset stomach, or constipation.<br>**2** I am very worried about physical problems and it's hard to think of much else.<br>**3** I am so worried about my physical problems that I cannot think about anything else. |
| **Question 10**<br>**0** I don't cry any more than usual.<br>**1** I cry more now than I used to<br>**2** I cry all the time now.<br>**3** I used to be able to cry, but now I can't cry even though I want to. | **Question 21**<br>**0**I have not noticed any recent change in my interest in sex.<br>**1**I am less interested in sex than I used to be.<br>**2**I have almost no interest in sex.<br>**3**I have lost interest in sex completely. |
| **Question 11**<br>**0** I am no more irritated by things that I ever was.<br>**1** I am slightly more irritated now than usual.<br>**2** I am quite annoyed or irritated a good deal of the time.<br>**3** I feel irritated all the time. | Total Score _____ |

**Levels of Depression**:

| | |
|---|---|
| 1-10 | Normal range |
| **11-16** | **Mild mood disturbance** |
| 17-20 | Borderline clinical depression |
| **21-30** | **Moderate depression** |
| 31-40 | Severe depression |
| **over 40** | **Extreme depression** |