Fill up only if you are here for evaluation of sleep problems

Usual Bed time:	Weekdays	am	pm	
	Weekends	am	pm	
On average how long does it take you to fall asleep:		minutes		
Usual wakes up time:	Weekdays	am	pm	
	Weekends	am	pm	
On awakening do you feel	Refreshed	Non-refreshed	Gasping	
	Headache	Fatigue		
How many Caffeinated beverages do you drink in 1 day:		cups		

Have you ever had a sleep study	No Yes	If yes, have you even been prescribed CPAP:	No Yes	
Daytime somnolence	No Yes	Are you napping during the day?	No Yes	Duration
		Falls asleep during	Reading Driving Working	
Snoring	No Yes			
Stop breathing while asleep	No Yes			
Dryness of throat on waking up	No Yes			
Difficulty falling asleep	No Yes	What do you do when you cannot fall asleep	Get up: Watch TV in bed: Use cell phone: Lie in the dark: Others:	
Difficulty waking up in the morning	No Yes			
Repeated awakenings from sleep	No Yes	How many times on an average:	What wakes you up Snoring Nocturia Others Unknown reasons	
Do your legs feel achy/restless/ creeping-crawling in the evening	Yes No			
Unrefreshing naps	No Yes			

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Sudden muscle weakness in response to emotions such as laughter, anger or surprise	No Yes
Hallucinations or dreamlike images when falling asleep or waking up	No Yes
Inability to move while falling asleep or when waking up	No Yes
Bedwetting	No Yes
Grinding teeth during sleep	No Yes
I act on my dreams while asleep	No Yes
Sleep talking	No Yes
Sleepwalking	No Yes
Unwanted behaviors during sleep	No Yes Describe:
Using sleeping pills to induce sleep	No Yes
Vivid dreams	No Yes
I frequently dream during daytime naps	No Yes