

Ben P Graef, D.O.
Sleep Medicine Physician
Charlotte HCC

SLEEP/WAKE QUESTIONNAIRE 2 PAGES!

Name: _____ **Occupation:** _____ **Date:** _____

Doctor who referred you to the sleep center: _____

Why are you being referred to the sleep center: _____

When did your sleep problem begin? _____

Have you ever had a : Sleep Study?: YES NO Sleep Doctor? YES NO

If yes, when/where _____

If employed, what are your working hours? Start _____ Am/Pm Stop _____ Am/Pm _____ # days/wk

Do you have a regular bed partner? YES _____ NO _____ Any complaints from them? _____

WEEKDAYS

WEEKENDS

What time do you go to bed? _____ Am/Pm

_____ Am/Pm

What time do you get up? _____ Am/Pm

_____ Am/Pm

How long does it take you to fall asleep at night? _____ Mins/Hr

_____ Mins/Hr

How many hours of sleep do you get? _____ Hours

_____ Hours

How many times do you wake up? _____ Times

_____ Times

How long do you stay awake? _____ Min/Hrs

_____ Min/Hrs?

At the end of your sleep period, you awaken?

Spontaneously _____

Spontaneously _____

Alarm clock _____

Alarm clock _____

Do you take naps? YES _____ NO _____ If yes, how many _____ How long? _____ Min/Hrs

Hours of exercise per week _____ Type of exercise _____

What do you do just before going to bed (I.E.: TV, bath, etc)? _____

Use the scale below 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

1. Sitting and reading..... _____
2. Watching TV..... _____
3. Sitting inactive in a public place (theater, or meeting)..... _____
4. As a passenger in a car for an hour with out a break..... _____
5. Lying down to rest in the afternoon when circumstances permit..... _____
6. Sitting and talking to someone..... _____
7. Sitting quietly after lunch without alcohol..... _____
8. In a car, while stopped for a few minutes in the traffic..... _____

Total _____

PLEASE LISIT ALL CURRENT MEDICAL DIAGNOSES:

Have you had your tonsils taken out? YES NO

Please list any ear nose and throat surgeries you've had _____

Have you been hospitalized for other reasons? _____

Family history of: **Heart Disease** YES NO **Stroke** YES NO **Cancer** YES NO

Family history of sleep problems YES _____ NO _____ If yes, what? _____

For each of the beverages listed, write in the average number you drink per day:

	WEEKDAYS	WEEKENDS
Coffee	_____ cups/day	_____ cups/day
Tea	_____ cups/day	_____ cups/day
Caffeine/ soda / energy drinks	_____ can/day	_____ can/day
Beer	_____ can/bottle/day	_____ can/bottle/day
Wine	_____ glass/day	_____ glass/day
Liquor	_____ shots/day	_____ shots/day

TOBACCO HISTORY

Ever smoked? YES NO Still smoke: YES NO If yes, how long _____ # of packs/ day _____ Vaping? YES NO

Have you ever had an automobile accident or near miss from falling asleep at the wheel? Yes No

If so describe? _____

If you recently had any of these concerns below, please circle them.

GENERAL/CONSITUTIONAL:

Fatigue Fever Weight gain Weakness Sleepiness

HEENT/NECK:

Change in vision Difficulty hearing Morning Headaches
Dry mouth Sinuses issues Nosebleeds Nasal congestion

ENDOCRINE:

Excessive thirst Feels cold Heat / Cold Sensitivity Sweating at night Thyroid disorder

RESPIRATORY:

Cough in sleep Gasping / Choking in sleep Shortness of breath Snoring Wheezing

CARDIOVASCULAR:

Arrhythmia Chest pain High blood pressure Irregular heart beat Palpitations

GASTROINTESTINAL:

Blood in stool Constipation Diarrhea Difficulty swallowing Vomiting blood
Reflux/heartburn

HEMATOLOGY:

Anemia Easy bleeding Easy bruising Stomach bleeding / ulcers

GENITOURINARY:

Blood in urine Difficulty urinating Nighttime urination Painful urination

MUSCULOSKELETAL:

Back pain Leg pain or swelling Muscle pain Muscle aches

DERMATOLOGIC:

Birthmarks Mole changes Rash Irritation Itching

NEUROLOGIC:

Balance difficulty Dizziness Memory loss Paralysis upon awakening Restless leg symptoms Seizures
Buckling of the knees brought on by strong emotion

PSYCHIATRIC:

Panic attacks Anxiety Depression Hallucinations Insomnia Mood swings Nightmares