

Full Name:
OHIP Card:
Date of Birth:

SLEEP QUESTIONNAIRE to complete and return to front desk/admin professional prior to appointment.

Family Physician: _____

PRIOR SLEEP HEALTH:

Prior sleep testing? _____

Prior sleep health diagnoses (e.g. sleep apnea)? _____

Do you use a CPAP machine? _____

GENERAL HEALTH:

Health conditions and any prior surgeries:

Medication list (including vitamins):

Height: _____ Weight: _____

Allergies: _____

Family history of sleep disorders (e.g. sleep apnea) (if yes, who): _____

SLEEP TIMES:

Bedtime (lights-out time): _____

How long does it take to fall asleep: _____

Number of wake ups during the night: _____

Final wake time in the morning: _____

Naps: _____

PERSONAL HISTORY:

Occupation: _____

Who do you live with? (Family/Alone/Roommates): _____

Do you have a driver's license? (Yes/No): _____

Tobacco (if yes, amount): _____ Alcohol (if yes, amount): _____

Cannabis/recreational drugs (if yes, amount): _____

Sleep disorders can be associated with impaired alertness and daytime sleepiness which can impact safety. To be safe, you should never drive a vehicle or operate heavy machinery if you are sleepy. Sleep disorders (as with other health issues) can impact eligibility for driving, piloting and/or workplace licensing with relevant authorities. It is your responsibility to abide by conditions and health declaration components as part of your licensing or job.