

Malvern Sleep Clinic
Sleep Disorders Screening Questionnaire

Do you have a sleep disorder? Please answer the following questions.

INTRODUCTION

I frequently have trouble sleeping.....	YES	NO
I frequently have trouble staying awake.....	YES	NO
I frequently feel tired or drowsy.....	YES	NO
What is your normal bedtime?
What is your normal waking time?
How long does it normally take you to fall asleep?

SNORING

I have been told that I snore constantly throughout the night.....	YES	NO
I have been told that I am a loud snorer.....	YES	NO
My snoring disturbs my bed partner.....	YES	NO
I only snore when I sleep on my back.....	YES	NO
My snoring often drives one of us from the bedroom.....	YES	NO
My snoring is loud enough to be heard several rooms away.....	YES	NO
My snoring prevents me from sharing rooms when travelling.....	YES	NO

OBSTRUCTIVE SLEEP APNEA

I have been told that I sometimes stop breathing during sleep.....	YES	NO
I sometimes wake up short of breath or gasping for air.....	YES	NO
I sometimes dream that I am suffocating.....	YES	NO
I feel that I lack energy.....	YES	NO
I frequently feel sleepy during the daytime.....	YES	NO
I have trouble remembering things.....	YES	NO
People tell me that I am often cranky or irritable.....	YES	NO
I feel sad or depressed.....	YES	NO
I sweat excessively during the night.....	YES	NO
I wake up in the morning with a headache.....	YES	NO
My mouth is dry when I wake up in the morning.....	YES	NO
I am overweight.....	YES	NO
I have high blood pressure.....	YES	NO
I have been experiencing impotence.....	YES	NO

SLEEP HYGIENE AND SLEEP SCHEDULE DISORDERS

I generally go to bed at the same time everyday.....	YES	NO
I generally get up at the same time everyday.....	YES	NO
I go to bed at different times each night.....	YES	NO
I get out of bed at different times each day.....	YES	NO
I usually sleep for less than 5 hours.....	YES	NO
I usually sleep for more than 9 hours.....	YES	NO
My job involves shift work or working unusual hours.....	YES	NO
I frequently work the night shift.....	YES	NO
I frequently change shifts.....	YES	NO
I drink caffeinated beverages after dinner.....	YES	NO
I drink alcohol most evenings.....	YES	NO
I don't have time to get the sleep I need.....	YES	NO

EXCESSIVE DAYTIME SLEEPINESS

I have difficulty waking up in the morning.....	YES	NO
I wake up in the morning feel unrefreshed.....	YES	NO
I have difficulty concentrating at work.....	YES	NO
I often feel sleepy during the day.....	YES	NO
I have fallen asleep against my will.....	YES	NO
I sometimes fall asleep in social settings such as movies, or at a party.....	YES	NO
I often fall asleep while sitting (e.g. reading or watching television).....	YES	NO
I sometimes fall asleep while doing something (e.g. driving, working, or talking on the phone)	YES	NO
Daytime sleepiness interferes with my job.....	YES	NO
Daytime sleepiness interferes with my enjoyment of life.....	YES	NO
I am accident prone.....	YES	NO
I have been involved in more than one accident at work due to inattention or sleepiness..	YES	NO
I have been involved in a motor vehicle accident involving only my car.....	YES	NO
I have fallen asleep while driving.....	YES	NO
I have been involved in more than one car accident due to inattention or sleepiness.....	YES	NO

INSOMNIA

I have problems sleeping almost every night.....	YES	NO
I have difficulty falling asleep at night.....	YES	NO
I often lay awake in bed for 30 minutes or more before I fall asleep.....	YES	NO
I tend to worry about things and have trouble relaxing.....	YES	NO

Thoughts racing through my mind often prevent me from falling asleep.....	YES	NO
I wake up frequently during the night.....	YES	NO
If I wake up at night, I have trouble falling back to sleep.....	YES	NO
I wake up before I want to.....	YES	NO
I watch the clock during the night.....	YES	NO
I am frequently sad or depressed.....	YES	NO
I consume more than 8 caffeinated beverages daily.....	YES	NO
I regularly take tranquilizers or anti-depressants.....	YES	NO
I regularly take something in the evening to help me sleep.....	YES	NO
I wake up feeling unrefreshed or not well rested.....	YES	NO
I wake up with stiff or aching muscles.....	YES	NO
I wish I had more energy.....	YES	NO

RESTLESS LEG AND PERIODIC LEG MOVEMENT DISORDERS

Sometimes I cannot keep my legs still.....	YES	NO
I have a crawling or aching sensation in my legs.....	YES	NO
I have been told that my arms or legs kick or jerk during sleep.....	YES	NO
I am a restless sleeper.....	YES	NO
My bed is messy when I awaken in the morning.....	YES	NO

NARCOLEPSY

I have experienced unexplained weakness somewhere in my body.....	YES	NO
I have felt weak when doing sporting activities.....	YES	NO
I have felt weakness in my body when I laugh.....	YES	NO
When I am angry or surprised, my muscles feel like they are going limp.....	YES	NO
Sometimes just as I am falling asleep or as I am waking up, I feel that my muscles are "paralyzed".....	YES	NO
I have vivid dreams just as I am falling asleep or as I am waking up.....	YES	NO
I have vivid dreams during naps.....	YES	NO
I have bad dreams or nightmares.....	YES	NO
Sometimes I see things that aren't really there.....	YES	NO
There are times when I have an irresistible urge to sleep.....	YES	NO
I feel more energetic after taking a nap.....	YES	NO

GASTRO-OESOPHAGEAL REFLUX

I have heartburn at night.....	YES	NO
I sometimes awaken with a bad or an acid taste in my mouth.....	YES	NO
I sometimes wake up at night coughing or wheezing.....	YES	NO