

SLEEP CLINIC PATIENT QUESTIONNAIRE

10. Do you nap intentionally? YES NO
- a) If yes, how many days per week? _____
- b) What time of day? _____
- c) How long are naps? _____
- d) Do you feel refreshed upon awakening from the nap? YES NO

How often do you or others notice the following?

(Please Circle):

	Almost never	Rarely (once a month)	Some (once a week)	Often (2-4 times a week)	Almost Always	
1. Snoring	0	1	2	3	4	
2. Breathing pauses when you sleep	0	1	2	3	4	
3. Wake up choking or gasping from sleep	0	1	2	3	4	
4. Wake up with shortness of breath	0	1	2	3	4	
5. Wake up with dry mouth	0	1	2	3	4	
6. Wake up with sore throat	0	1	2	3	4	
7. Nasal/sinus congestion	0	1	2	3	4	
8. Morning headaches	0	1	2	3	4	
9. Wake to urinate 2 or more times per night	0	1	2	3	4	
10. Heartburn interfering with sleep	0	1	2	3	4	
11. Problems with fainting?	0	1	2	3	4	
12. Light headed when standing?	0	1	2	3	4	
13. Cold extremities?	0	1	2	3	4	
14. Grind teeth while sleeping	0	1	2	3	4	
15. Nightmares	0	1	2	3	4	
16. Sleep walking	0	1	2	3	4	
17. Sleep talking	0	1	2	3	4	
18. Acting out dreams	0	1	2	3	4	
19. Restlessness or discomfort in the legs	0	1	2	3	4	
If yes, is this worse at night? <input type="checkbox"/> Y <input type="checkbox"/> N						
If yes, is this relieved by movement? <input type="checkbox"/> Y <input type="checkbox"/> N						
20. Kicking/jerking of legs while sleeping	0	1	2	3	4	
21. Hallucinations when falling asleep or upon awakening	0	1	2	3	4	
22. Momentary complete paralysis when falling asleep or upon awakening	0	1	2	3	4	
23. While awake , do you have episodes of muscle weakness brought on by strong emotion	0	1	2	3	4	
	None					"Earth Shattering"
24. How would you rank the intensity of your snoring on a scale of 0 to 5?	0	1	2	3	4	5

PLACE PATIENT LABEL HERE

UW Medicine
 Harborview Medical Center – University of Washington Medical Center
 UW Medicine Primary Care – Valley Medical Center – UW Physicians

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