

 www.rvh.on.ca	NAME: _____
	DOB/SEX/AGE: _____
	ACCT#: _____
	UNIT #: _____

SLEEP CLINIC QUESTIONNAIRE Date: _____ Height: _____ Weight: _____

Current Medications: _____

- Have you ever had a sleep study done before? If yes, when? _____ where? _____ Yes No
- Have you been told that you snore while asleep? Yes No
- Have you ever been told that you stop breathing while asleep? Yes No
- Do you have any history of **Epilepsy** or **seizures**? Yes No
If Yes, please comment _____
- Have you ever had a **Heart Attack, Stroke, Bypass surgery or angioplasty**? Yes No
If Yes, please comment _____
- Do you have a **pacemaker, cardiac arrhythmia or any other cardiac problems**? Yes No
If Yes, please comment _____
- Do you have **Asthma, COPD, Emphysema** or other **lung related problems**? Yes No
If Yes, please comment _____
- Are you a smoker? If yes, how many packs per day/week? _____ Yes No
- Do you drink alcohol? If yes how many per day/week or month? _____ Yes No
- Have you (or anyone else) noticed that your arms or legs jerk or twitch while you are sleeping? Yes No
- Do you experience vivid dreams immediately upon fall asleep? Yes No
- Do you experience sudden muscle weakness when you are angry or laughing? Yes No
- Have you ever been unable to move, even if you try, when you are abruptly awoken? Yes No
- Do you experience headaches when you wake up in the morning? Sometimes Always Never
- Do you drink coffee/tea/cola? If Yes, how many cups per day? _____ Yes No
- Typical bed time _____ Typical wake time _____ Naps per day/week _____
- Any additional information that you think may be helpful?

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Even if you have not done some of these activities, try to figure out how they would affect you. Use the following scale to choose the most appropriate number for each situation. **Please mark the appropriate boxes with an "X". (0= would never doze, 1 = slight chance of dozing, 2 = moderate chance of dozing, 3 = high chance of dozing)**

Situation	Chance of Dozing			
	0	1	2	3
Sitting and reading				
Watching T.V.				
Sitting, inactive in a public place (e.g. a theatre or a meeting)				
As a passenger in a car for an hour without a break.....				
Lying down to rest in the afternoon when the circumstances permit				
Sitting and talking to someone.....				
Sitting quietly after lunch without alcohol.....				
In a car, while stopped for a few minutes in traffic.....				
	Total			/24

