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BOARD CERTIFICATION
Otolaryngology
Facial Plastic Surgery
Sleep Medicine

SLEEP PROBLEMS CHECKLIST

Patient: _____ Date: _____

What problem causes you to seek our help and how does it affect your life? _____
_____
_____

CHECK the box for each problem you CURRENTLY HAVE:

- □ Loud snoring with frequent awakenings
- □ Crawling feelings in legs when trying to sleep
- □ Leg-kicking during sleep
- □ Leg cramps in sleep
- □ Trouble falling asleep at night
- □ Trouble staying asleep at night
- □ Racing thoughts when trying to sleep
- □ Increased muscle tension when trying to sleep
- □ Fear of being unable to sleep
- □ Laying in bed worrying when trying to sleep
- □ Waking too early in the morning
- □ Sleep talking
- □ Sweating a lot at night
- □ Waking up with reflux (and/or heartburn)
- □ Nightmares
- □ Teeth grinding during sleep
- □ Morning headaches
- □ Morning dry mouth
- □ Sleepwalking
- □ Tongue biting in sleep
- □ Bedwetting
- □ Acting out dreams
- □ Uncontrollable daytime sleep attacks
- □ Falling asleep unexpectedly
- □ Falling asleep at work
- □ Falling asleep at school
- □ I use sleeping pills to help me sleep
- □ I use alcohol to help me sleep
- □ Pain interfering with sleep- where is the pain?

_____

For each symptom, please check the boxes that BEST DESCRIBES YOU

Never	Rarely	Sometimes	Usually	Always	
□	□	□	□	□	When falling asleep, I feel paralyzed (unable to move)
□	□	□	□	□	I feel unable to move (paralyzed) after a nap
□	□	□	□	□	I have dream-like images (hallucinations) when I awaken in the morning even though I know I am not asleep
□	□	□	□	□	I see vivid dream-like (hallucinations) either just before or just after a daytime nap, yet I am sure I am awake when they happen
□	□	□	□	□	I am often unable to move (paralyzed) when I am waking up in the Morning
□	□	□	□	□	I get "weak knees" when I laugh
□	□	□	□	□	I get sudden muscular weakness (or even brief periods of paralysis, being unable to move) when laughing, angry, or in situations of strong emotion

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SLEEP SCREENING QUESTIONNAIRE

Patient: _____ Date: _____

EPWORTH SLEEPINESS SCALE
How LIKELY are you to DOZE off or FALL ASLEEP in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Please check one box per line.

---CHANCE OF DOZING OFF---

Never	Slight	Moderate	High	
□	□	□	□	Sitting and reading
□	□	□	□	Watching TV
□	□	□	□	Sitting, inactive in a public place (example, a theater or a meeting)
□	□	□	□	As a passenger in a car for an hour without a break
□	□	□	□	Lying down to rest in the afternoon when circumstances permit
□	□	□	□	Sitting and talking to someone
□	□	□	□	Sitting quietly after lunch without alcohol
□	□	□	□	In a car, while stopped for a few minutes in traffic

BRIEF SLEEP SYMPTOM CHECKLIST *(Please check the boxes that best describes you)*

□	□	□	□	I snore loudly
□	□	□	□	I awaken gasping or choking for breath
□	□	□	□	I awaken in the morning unrefreshed
□	□	□	□	I have problems falling asleep or staying asleep (insomnia)
□	□	□	□	My sleep is very restless
□	□	□	□	My sleep is disturbed by unusual behaviors (for example: nightmares, sleepwalking, dream enactments, tongue biting, bedwetting… etc.)
□	□	□	□	I fall asleep while driving
□	□	□	□	I've been told that I stop breathing in my sleep

(told by _____)

SLEEP SCHEDULE *(Please provide the following information)*

What time do you go to bed on WEEKDAYS? ____ AM or PM
What time do you get up on WEEKDAYS? ____ AM or PM
What time do you go to bed on WEEKENDS? ____ AM or PM
What time do you get up on WEEKENDS? ____ AM or PM

Do you Nap ___ Yes ___ No
How often do you nap ___ times per week
How long are your naps? _____ minutes
Do you awaken refreshed? ___ Yes ___ No

Are you a shift worker? **(Yes) (No)** What kind of shift work?_____

____ How many motor vehicle accidents in the past 10 years?
____ How many times do you awaken during the night to urinate?