

UNC Neurology Sleep Questionnaire

To meet accreditation guidelines, this form must be completed prior to scheduling of testing.

(Patient is to complete this side) #919-966-3294 Fax 919-966-6976

MD ORDER

circle study

Do you snore loudly?	No	Yes	Standard PSG
Do you stop breathing or gasp when you are asleep?	No	Yes	
How much do you weigh?	_____lbs		
How tall are you?	____ft____inches		
Are you excessively sleepy during the day?	No	Yes	Consider MSLT if no CPAP
Is your sleep refreshing?	No	Yes	
Do you have difficulty getting or staying asleep?	No	Yes	
Do you often awaken at night?	No	Yes	
What time do you routinely go to bed?	_____		Need to improve sleep schedule
What time do you routinely wake up from bed for the day?	_____		
Do you work rotating shifts or night shifts	No	Yes	
How many caffeine beverages do you drink per day ?	Total	#_____	Need Sleep Hygiene Information
(cups of coffee, cans of soda or glasses of tea)			
How much alcohol do you drink per week	Total	#_____	
Do you watch TV, read or work in bed?	No	Yes	
Do you kick your legs at night?	No	Yes	Need to monitor both Arms and Legs
Do your legs or arms ache or cause you discomfort at night?	No	Yes	
Do your legs and arms feel better when you are moving them?	No	Yes	
Do you sleep talk or walk?	No	Yes	Consider Parasomnia Protocol
Do you move about while dreaming or act out your dreams?	No	Yes	
Do you have unusual events or spells at night?	No	Yes	
Do you take naps?	No	Yes	Consider MSLT
Are short naps refreshing?	No	Yes	
Do you get weak or fall down when you are emotional?	No	Yes	
Do you ever wake up and find yourself completely paralyzed?	No	Yes	
Do you ever see things that are not there just before you fall asleep?	No	Yes	

Please list medical conditions such as diabetes, seizures, depressions or problems with your heart, lungs or kidneys?

List Allergies:

Please list medications:

Referring MD _____

Discussed with Sleep Physician: Dr. Alattar Dr. D'Cruz Dr. Boehlecke Dr. Vaughn

Signature of Requesting Physician

NOTE If possible patients should be withdrawn from antidepressant medications, stimulants, hypnotic agents and sedatives for at least three weeks prior to the sleep study!!!! However, discussion with a sleep physician is recommended. NOTE All patients with symptoms of excessive daytime sleepiness need to be warned about drowsy driving and operating dangerous equipment!