McLAREN OAKLAND

SLEEP DIAGNOSTIC CENTER

PATIENT PRE-SLEEP STUDY QUESTIONNAIRE

Name: ______________________________ Date: _____ / _____ / _____

1. **Have you had any of the following during the last 24 hours?** (list type, amount and time)
   Alcohol: ❑ Yes ❑ No Amount: ______________________ At: ____________ a.m. / p.m.
   Coffee/Tea: ❑ Yes ❑ No Amount: ______________________ At: ____________ a.m. / p.m.
   Chocolate: ❑ Yes ❑ No Amount: ______________________ At: ____________ a.m. / p.m.
   Medication that you don't take daily: Type: ______________________ At: ____________ a.m. / p.m.

2. **Was last night's sleep typical for you regarding total sleep time, awakenings and quality?** ❑ Yes ❑ No
   Please explain: ______________________________
   ____

3. **Did you nap today?** ❑ Yes ❑ No For how long: ______________________________

4. **How stressful was your day?** ❑ Not at all ❑ A little stressful ❑ Very stressful

5. **How does this compare with a usual day for you?** ❑ Less stressful ❑ The same ❑ More stressful

6. **How nervous are you about this study?** ❑ Not at all ❑ Slightly nervous ❑ Very nervous

7. **How do you feel right now?**
   Physically fatigued: ❑ Not at all ❑ A little ❑ Quite a bit ❑ Extremely
   Sleepy: ❑ Not at all ❑ A little ❑ Quite a bit ❑ Extremely
   Alert: ❑ Not at all ❑ A little ❑ Quite a bit ❑ Extremely

8. **Who recognized your sleep problem?** ❑ Self ❑ Bed partner ❑ Physician ❑ Other: ____________________

9. **Are you currently experiencing any pain or discomfort?** ❑ Yes ❑ No
   If yes, explain: ______________________________
   ____

10. **What is your normal bedtime?** ____________ a.m. / p.m.

11. **Wake times begin around 6:00 am, is there a specific time you need to be awakened?**
    ❑ Yes Time requested: ____________ a.m. / p.m.

12. **Have you had a fall within the last 3 months?** ❑ Yes ❑ No

13. **Are you confused/disoriented?** ❑ Yes ❑ No

14. **Do you use an assistive device (walker or cane)?** ❑ Yes ❑ No

PATIENT
PRE-SLEEP STUDY
QUESTIONNAIRE

MO-17030 (4/17)

PT.

MR.#/P.M.

DR.