

**Pulmonary Medicine Associates
Board Certified Sleep Specialists**

Sleep Questionnaire

·Have you ever had a sleep evaluation before?	Yes No	·Do you have trouble concentrating?	Yes No
·Do you have difficulty falling asleep?	Yes No	·Do you fall asleep if you relax?	Yes No
·Do you use sleeping pills?	Yes No	·Do you nap during the day?	Yes No
·Do you snore?	Yes No	·Do you do shift work?	Yes No
·Has your bed partner observed you to stop breathing, even for short periods at a time?	Yes No	·Are you able to read or watch television without falling asleep?	Yes No
·Are you a restless sleeper?	Yes No	·Do you fall asleep driving?	Yes No
·Do you awaken choking and gasping?	Yes No	·Have you had drop attacks?	Yes No
·Do you awaken at night because of pain?	Yes No	·What are your usual working hours?	Yes No
·Do you awaken at night because of muscle or leg cramps?	Yes No	·Have you gained any weight in the last six months? ...12 months? ...five years?	Yes No
·Do you awaken at night because of shortness of breath?	Yes No		Yes No
·Do you awaken at night because of the need to urinate?	Yes No		Yes No
·Does alcohol make your breathing more irregular?	Yes No	·Have you ever had a thyroid disorder?	Yes No
·Do you have dreams?	Yes No	·Do you have any heart or lung disease?	Yes No
·Do you awaken in the morning feeling rested?	Yes No	·Have you ever had a stroke?	Yes No
·Do you have headaches in the morning?	Yes No	·Have you ever been treated for depression or other psychiatric disorder?	Yes No
·Do you have a dry mouth in the morning?	Yes No	·Do any of your family members have some of these symptoms?	Yes No
·Are you a mouth-breather?	Yes No	·Have you had a loss of interest in sex?	Yes No
·Do you have difficulty breathing through your nose?	Yes No	·Do you sleep for more time than you need to feel refreshed?	Yes No
·Have you had sinus or nasal problems?	Yes No	·Do you have regular sleeping hours?	Yes No
·Have you had allergy testing?	Yes No	·Do you get a steady daily amount of exercise?	Yes No
·Have you had surgery on your nose, mouth or sinuses?	Yes No	·Is your bedroom dark, quiet and not too hot or too cold?	Yes No
·Do you feel sleepy or lack energy during the day?	Yes No	·Do you eat a light snack before bedtime?	Yes No
·Do you consume caffeine-containing beverages in the evening?	Yes No	·Do you use tobacco products?	Yes No

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There are a number of reasons for sleep related problems.

Sleep Apnea

Sleep apnea is a potentially serious disorder which causes you to stop breathing repeatedly, often hundreds of time a night during your sleep. You can have sleep apnea without being aware that these periods of breathlessness occur.

Narcolepsy

Narcolepsy is a lifelong disorder characterized by sleep attacks during the day

Restless Leg Syndrome

Some patients have symptoms of periodic limb movement disorder where there is uncontrollable leg or arm jerks during sleep. Restless leg syndrome is an uncomfortable feeling in the legs during the night.

Contact your PMA Board Certified Sleep Consultant now for an evaluation. We work with both Sutter and Mercy based sleep laboratories.

PMA Carmichael office telephone: (916) 482-7621
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Our board certified sleep consultants include:

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