

DALLAS SLEEP DISORDERS QUESTIONNAIRE

Before your appointment, please rate yourself by circling number 1 to 7 that most closely describes the degree or the frequency that you are bothered by a particular complaint or problem.

1 None or Never	2 Very Slight or Rarely	3 Slight or Seldom	4 Moderate or Occasionally	5 Major or Often	6 Great or Very Often	7 Very Great or Always
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- 1) 1 2 3 4 5 6 7 How often do you fall asleep during the day when you are still or not busy?
- 2) 1 2 3 4 5 6 7 How often do you awaken feeling unrested even after adequate hours of sleep?
- 3) 1 2 3 4 5 6 7 How often do you suffer from unexplained fatigue or tiredness during the day?
- 4) 1 2 3 4 5 6 7 How often do you awaken feeling really sleepy or groggy?

- 5) 1 2 3 4 5 6 7 How great of a problem do you have with snoring?
- 6) 1 2 3 4 5 6 7 How often has a bed partner noted you stop breathing during sleep?
- 7) 1 2 3 4 5 6 7 How often is your sleep disturbed by other breathing problems?
(Describe: _____)
- 8) 1 2 3 4 5 6 7 Do you suffer from headaches on awakening?
- 9) 1 2 3 4 5 6 7 How often do you awaken from heartburn or stomach acid in the mouth?

- 10) 1 2 3 4 5 6 7 How great of a problem do you have getting to sleep?
- 11) 1 2 3 4 5 6 7 How often do you wake up and have trouble falling back to sleep?
- 12) 1 2 3 4 5 6 7 How much do you toss and turn during your sleep?
- 13) 1 2 3 4 5 6 7 How often has a bed partner noted that your legs twitch or kick in your sleep?
- 14) 1 2 3 4 5 6 7 How often are you troubled by restless or "creepy" legs in the evening or night?

- 15) 1 2 3 4 5 6 7 How often do you feel completely paralyzed or "stuck" when just falling asleep or waking up?
- 16) 1 2 3 4 5 6 7 How often do you hallucinate people, voices, or sounds in the room when just falling asleep or when just awakening?
- 17) 1 2 3 4 5 6 7 How often during the day do you have episodes of sudden muscular weakness when laughing, angry, or in other emotional situations?

- 18) 1 2 3 4 5 6 7 How often do you have unusual behaviors in your sleep? (Circle type(s) of sleep behavior: walking, screaming out, nightmares, violence, eating, confusion, _____).
- 19) 1 2 3 4 5 6 7 How much does your current sleep problem affect your family life?
- 20) 1 2 3 4 5 6 7 How much does your current sleep problem affect your work performance?
- 21) 1 2 3 4 5 6 7 How much does your current sleep problem affect your sense of well being?
- 22) 1 2 3 4 5 6 7 How often is your sleep disturbed by other problems? (Describe below).

Comments: _____

Try to be as specific as possible with the following questions. Please rate your answer based on an average night.

- 23) What time do you usually go to bed? _____ am / pm
- 24) How long does it usually take you to fall asleep after deciding to go to sleep? _____ minutes
- 25) How many times do you wake up during a typical night? _____ times
- 26) What are the total hours of sleep that you usually get at night?
(Do not include the time you spend awake in bed at night.) _____hours _____ minutes
- 27) What time do you usually arise for the day? _____ am / pm