

Sleep Lab at SSM Health St. Mary's Hospital
400 North Pleasant Avenue
Centralia, IL 62801
Phone: 618-436-8635

Sleep Lab at SSM Health Good Samaritan Hospital
2 Good Samaritan Way, Suite 400
Mt. Vernon, IL 62864
Phone: 618-899-3640

Sleep Test Questionnaire

Date:

Technician:

First and last name:

Neck circumference:

Height: ft in

Weight:

Room:

Referring MD:

Reason for testing:

Allergies:

Medications including over-the-counter:

Tobacco use:	Yes	No	Packs per day:		
Alcohol use:	Yes	No	Amount:	daily	weekly
Shift worker:	Yes	No	Work hours:		
Claustrophobic:	Yes	No			
Tonsillectomy:	Yes	No			
ENT Surgery:	Yes	No			
Laser Uvuloplasty:	Yes	No			

Please check if you are being treated or have been diagnosed with the following:

High blood pressure	Heart disease	Diabetes
Stroke	Depression	COPD
Asthma	Excessive daytime sleepiness	

Previous sleep study: Yes No

Location:

Date:

On CPAP: Yes No CPAP setting (if yes):

Result of previous study:

How did you find out about our Sleep Disorder Center?

Doctor	Newspaper	Health Fair	Social Media
Radio	Friend/family	Internet	

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Please check each statement that applies to you:

Do you have a pacemaker or internal defibrillator?

Do you have metal clips in your head for aneurysm?

I have been told that I snore.

I have been told that I stop breathing when I sleep.

I feel sleepy during the day, even when I sleep through the night.

I have high blood pressure.

I have been told that I am a restless sleeper.

I sweat excessively during the night.

I frequently wake up with headaches.

I am overweight or have gained weight.

I seem to be losing my sex drive.

I have trouble concentrating or remembering things.

I have difficulty falling asleep.

Thoughts race through my mind preventing me from falling asleep.

I wake up at night and cannot go back to sleep.

I wake up earlier than I would like.

I lie awake for a half an hour or longer before falling asleep.

I had trouble concentrating when I was in school.

When I am angry, surprised, or laugh, I feel like I am going limp.

I have fallen asleep while driving.

I feel like I am going around in a daze.

I have vivid dream-like scenes upon falling asleep or waking up.

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I have fallen asleep when laughing or crying.

I have trouble at work because of sleepiness.

I have vivid nightmares soon after falling asleep.

Sometimes I fall asleep no matter how hard I try to stay awake.

I feel like I have to cram a full day into every hour to get everything done.

Sometimes I feel unable to move when I am waking up or falling asleep.

I experience muscle tension in my legs.

I have noticed or others have commented that parts of my body jerk.

I have been told that I kick at night.

My legs ache or I have a "crawling" sensation in my legs at night.

I have leg pain at night.

I can't keep my legs still; I have to move them.

I wake up with heartburn.

I have a chronic cough.

I use antacids almost every week.

I am hoarse in the mornings.

I wake up at night coughing and wheezing.

I have frequent sore throats.

I suddenly wake up gasping.

I usually go to bed at _____ and get out of bed at _____

I am up to use the restroom _____ times per night.

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Use the following scale to choose the most appropriate answer for each of the following:

- 0 = would NEVER doze
- 1 = SLIGHT chance of dozing
- 2 = MODERATE chance of dozing
- 3 = HIGH chance of dozing

- 0 1 2 3 Sitting and reading
- 0 1 2 3 Watching TV
- 0 1 2 3 Sitting inactive in a public place (theater, meeting, etc).
- 0 1 2 3 As a passenger in a car for an hour without a break.
- 0 1 2 3 Lying down to rest in the afternoon when able.
- 0 1 2 3 Sitting and talking to someone.
- 0 1 2 3 Sitting quietly after lunch without alcohol.
- 0 1 2 3 In a car while stopped for a few minutes in traffic.

Total:

ONE WEEK SLEEP DIARY

Please keep track of your sleep habits for the days leading up to your sleep study.

Patient name:
Date started:

	SUN	MON	TUE	WED	THU	FRI	SAT
Time that you went to bed							
Time that you woke up							
Time you got out of bed for the day							
Duration of longest nap (in minutes)							
Number of times you woke up during night							
Approximate time that it took you to fall asleep							