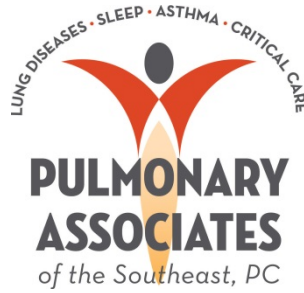


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## SLEEP DISORDER QUESTIONNAIRE

Name \_\_\_\_\_ DOB \_\_\_\_\_

1. During the week, what time do you normally go to sleep? \_\_\_\_\_
2. During the week, what time do you normally wake up? \_\_\_\_\_
3. On your weekends, or during your time off, do you sleep more than you do during the week? \_\_\_\_\_
4. Do you have memory lapses? \_\_\_\_\_
5. Do you have difficulty concentrating? \_\_\_\_\_
6. Do you find that you are sleepy all the time? \_\_\_\_\_
7. Do you fall asleep when you are trying to watch television, read a book, or perform other tasks? \_\_\_\_\_
8. Do you have trouble falling asleep? \_\_\_\_\_
9. Do you nap during the day? \_\_\_\_\_
10. If so, how many times do you nap and for how long? \_\_\_\_\_
11. Do you drink alcohol, and if so how much? \_\_\_\_\_
12. Do you consume foods with caffeine (soft drinks, tea, coffee, chocolate)? If so, how much? \_\_\_\_\_
13. Do you use tobacco? If so, how much? \_\_\_\_\_
14. Do you feel there is undue stress in your life now? \_\_\_\_\_
15. Do you exercise close to bedtime or perform tasks requiring a lot of mental concentration before bedtime? \_\_\_\_\_
16. Do you snore? \_\_\_\_\_
17. Have you been told by a bed partner that you stop breathing during sleep? \_\_\_\_\_
18. Have you been told by a bed partner that you move your legs about or kick excessively during sleep? \_\_\_\_\_
19. Do you have cramping, pulling, or other disagreeable sensations in your legs when relaxing or trying to sleep? \_\_\_\_\_
20. Have you experienced any weakness in the legs during periods of excitement or stress? \_\_\_\_\_