

# Montgomery County Pulmonary and Sleep Consultants, PC

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Gary S. Drizin, MD, FCCP • Alan S. Josselson, MD, FCCP

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NAME \_\_\_\_\_ DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F  
CIRCLE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent time. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

- 0 = Would **never** doze
- 1 = **Slight** chance of dozing
- 2 = **Moderate** chance of dozing
- 3 = **High** Chance of dozing

## SITUATION

## CHANCE OF DOZING (0-3)

Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g., a theater or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

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## HOW WELL DO YOU SLEEP

(Please check all that apply ✓)

- 1. I have been told that I snore.
- 2. I have been told that I hold my breath while I sleep.
- 3. I have high blood pressure.
- 4. My friends and family say that I am often grumpy and irritable.
- 5. I wish I had more energy.
- 6. I sweat excessively during the night.
- 7. I have noticed my heart pounding or beating irregularly during the night.
- 8. I get morning headaches.
- 9. I suddenly wake up gasping for breath.
- 10. I am overweight.
- 11. I seem to be losing my sex drive.
- 12. I often feel sleepy and struggle to remain alert.
- 13. I frequently wake up with dry mouth.
- 14. I have difficulty falling asleep.
- 15. Thoughts race through my mind and prevent me from sleeping.
- 16. I anticipate a problem with sleeping several times a week.
- 17. I wake up and cannot go back to sleep.
- 18. I worry about things and have trouble relaxing.
- 19. I wake up earlier in the morning than I would like to.
- 20. I lie awake for half an hour or more before I fall asleep.

NAME \_\_\_\_\_

(Please check all that apply ✓)

- 21. I often feel sad and depressed.
- 22. I have trouble concentrating at work or school.
- 23. When I am angry or surprised, I feel like my muscles are going limp.
- 24. I have fallen asleep while driving.
- 25. I often feel like I am in a daze.
- 26. I have experienced vivid dreamlike scenes upon falling asleep or awakening.
- 27. I have fallen asleep in social settings such as the movies or at a party.
- 28. I have trouble at work because of sleepiness.
- 29. I have dreams soon after falling asleep or during naps.
- 30. I have "sleep attacks" during the day no matter how hard I try to stay awake.
- 31. I have had episodes of feeling paralyzed during my sleep.
- 32. I wake up at night with an acid/sour taste in my mouth.
- 33. I wake up at night coughing and wheezing.
- 34. I have frequent sore throats.
- 35. During the night, I suddenly wake up feeling like I am choking.
- 36. Other than when exercising, I still experience muscle tension in my legs,
- 37. I have noticed (or others have commented) that parts of my body jerk during sleep.
- 38. I have been told that I kick at night.
- 39. When trying to go to sleep, I experience an aching or crawling sensation in my legs.
- 40. I experience leg pain or cramps at night.
- 41. Sometimes I can't keep my legs still at night. I just have to move them to feel comfortable.
- 42. Even though I slept during the night, I feel sleepy during the day.