

POMONA VALLEY HOSPITAL
M E D I C A L C E N T E R

SLEEP DISORDERS CENTER

	SCHOOL NIGHTS	WEEKENDS
What time do you normally get into bed?		
How long does it normally take you to get to sleep?		
What wakes you up?		
How long does it take to return to sleep after awakening?		
What time is your regular morning wake up time?		
Do you wake up spontaneously or by an alarm clock?		
When do you get out of bed?		
What time does school start?		
Hours of Sleep you normally get		
Hours of Sleep you need to feel rested		

12. What is your best time of day (when most alert)? _____

13. What is your worst time of day (when most sleepy)? _____

14. How frequently do you take naps? _____

15. Describe time of day and length of nap? _____

16. How do you feel after taking a nap?

VERY REFRESHED

SOMEWHAT REFRESHED

SOMEWHAT TIRED

VERY DROWSY

17. Have you ever had an over-powering, irresistible attack of sleep?

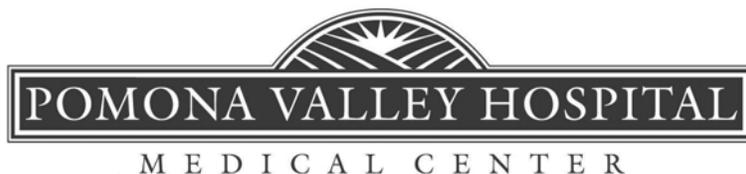
YES NO If yes, describe how frequently this occurs and in what situations. _____

18. Do you ever lose muscle strength when excited, startled, angry, or laughing?

YES NO (for example weakness in knees, sagging facial muscles or total collapse)

19. Do you ever feel paralyzed (can't move) as you go to sleep or as you wake up?

YES NO



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How likely are you to doze off or fall asleep in the following situations, not just feeling tired? Use the following scale to choose the most appropriate number for each situation.

- 0 = would never fall asleep
- 1 = slight chance of falling asleep
- 2 = moderate chance of falling asleep
- 3 = high chance of falling asleep

<u>SITUATION</u>	<u>Chance of falling asleep</u>
Sitting and reading	
Watching TV	
Sitting in class listening to the teacher	
Doing homework	
As a passenger in a car for an hour	
After meals	
During a movie at the theater	
In a car, while stopped for a few minutes in traffic	
TOTAL	

HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING DURING SLEEP?

	Times per week	Age began	Last occurrence	Treatment (if any)
Talking during sleep				
Sleepwalking				
Grinding teeth during sleep				
Bedwetting				
Recurrent dreams				
Disturbing dreams				
Waking with acid or sour taste				
Waking screaming & fearful in the first 3 hours of night				
Chest pain, wheezing, rapid or irregular heart beat during sleep				
Unusual movements during sleep				
Awakening with headache or excessive perspiration				

How much sleep do you think you need? _____



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Medications:

Name: _____ Dose: _____ Time of Day _____
