

LONESTAR SLEEP DIAGNOSTICS PRE-SLEEP QUESTIONNAIRE

Patient _____

Date _____

1. How much sleep did you get last night? _____ hours _____ minutes

2. Was last night pretty much a normal night for you? Yes or No
If not, then please describe a normal nights sleep: _____

3. Did you feel rested when you got up this morning? Yes or No

4. Did you take any naps today? Yes or No
If yes, at what time did you nap and for how long? _____

5. Please list any medications which you are currently taking:

Medication	Amount	Reason	Time

6. Have you ever taken medication to help you go to sleep? Yes or No
Medication: _____ Dosage: _____

7. Have you ever taken any medication to help you stay awake? Yes or No
Medication: _____ Dosage: _____

8. Did you drink any kind of alcoholic beverages today? Yes or No
If yes, how much? _____

9. Do you have any physical complaints now? Yes or No
Is yes, please describe: _____

10. On a scale of 1 to 10, how do you feel right now? (**1** being Wide Awake and **10** being Extremely Sleepy). _____ (1 -10)

Please list your current and past medical conditions: _____
