Pre-Visit Questionnaire for Sleep

This questionnaire is intended for neurologists interested in adding sleep screening tools and questions to their pre-visit questionnaires, the AAN suggests the following sets of questions to consider. Either a brief 3-question or a more complete questionnaire may be used. Both questionnaires may be used for both new and return patients.

Questionnaire

Recommended for general screening purposes for sleep disorders. These questions have high sensitivity for sleep disorders, and not specific for any single sleep disorder.

	Question	Response Options
1.	Are you currently satisfied with your sleep?	"Yes" or "No" or "No because…"
1a.	If #1 response is "No because…": I am not satisfied with sleep because _____	Free text
2.	Are you tired or sleepy during the daytime?	"Yes" or "Yes because…" or "No"
2a.	If #2 response is "Yes because…": I am tired or sleepy during daytime because ____	Free text
3.	How many hours do you typically sleep at night?	Numeric response

Additional Questionnaire

If additional sleep questions are desired, the following questions are more specific for sleep topics and can be added to the questionnaire. If desired, additional sleep questions with more specificity can be added to the questionnaire.

	Question	Response Options	*Sleep Topic**
4.	Do you snore loudly or stop breathing while sleeping?	"Yes" or "No" or "Unsure"	*OSA*
5.	Do you consider yourself to be overweight?	"Yes" or "No" or "Unsure"	*OSA*
6.	Do you feel sleepy when working or while driving a car?	"Yes" or "No" or "Unsure"	*Hypersomnia*
7.	Do you often have difficulty falling asleep or staying asleep?	"Yes" or "No" or "Unsure"	*Insomnia*
8.	When you try to relax in the evening or sleep at night, do you have unpleasant, restless feelings in your legs that can be relieved by walking or movement?	"Yes" or "No" or "Unsure"	*RLS*
9.	Do you act out your dreams while sleeping?	"Yes" or "No" or "Unsure"	*Parasomnia (RBD)*
10.	Do you have a variable bedtime or awakening time?	"Yes" or "No" or "Unsure"	*Circadian Rhythm*

**Sleep topic is informational for neurologist; is not part of questionnaire build.*

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