Health Village
1301 Rt. 72 West, Unit 230
Manahawkin, NJ 08050

FEDERICI DENTAL

www.FedericiDental.com
Federicidental@comcast.net
P: 609-597-1234
F: 609-597-8873

SLEEP HISTORY QUESTIONNAIRE

Present Findings:
[ ] You are sleepy
[ ] You are tired
[ ] You snore
[ ] You have trouble falling asleep
[ ] You waken often at night
[ ] You have trouble falling back to sleep
[ ] You nap
[ ] The head of your bed is raised
[ ] Read or watch television in bed before sleep
[ ] You waken refreshed
[ ] You waken as tired as the night before
[ ] You prefer to sleep on your stomach
[ ] You prefer to sleep on your back
[ ] You prefer to sleep on your side
[ ] You have a regular bed time
[ ] You sleep less than 6 hours each night
[ ] You sleep more than 10 hours each night
[ ] You use the bathroom more than once per night
[ ] You lack energy
[ ] You work rotating shifts
[ ] You travel frequently
[ ] You often have an alcoholic nightcap

Sleep Style:
[ ] Bedtime is before midnight
[ ] Bedtime is after midnight
[ ] You sleep alone
[ ] You sleep with an adult bed partner
[ ] You sleep with pets
[ ] You sleep with children in the bed
[ ] You need a bedroom that is quiet and dark
[ ] Your partner's sleep habits disrupt you
[ ] Nothing disturbs your sleep
[ ] You are an active sleeper
[ ] You frequently drink water at night

In The Past Five Years Have You Had:
[ ] Nightmares
[ ] Sleepwalking
[ ] Sleep talking
[ ] Headaches upon wakening
[ ] Leg discomfort at night
[ ] Leg discomfort that eases with movement
[ ] Panic attacks at night
[ ] Acid reflux at night only
[ ] Better sleep in a recliner

Sleep Treatments:
[ ] CPAP
[ ] Nasal surgery
[ ] Throat surgery
[ ] Oral appliance for snoring
[ ] Stay off back at night
[ ] Nasal strips, nasal dilators
[ ] Medications to aid sleep onset
[ ] Other: _____

Family Sleep History:
[ ] Father snores or has symptoms of sleep apnea
[ ] Siblings snore or have symptoms of sleep apnea
[ ] Children snore or have symptoms of sleep apnea
[ ] Other relatives snore or may have sleep apnea

Other:
[ ] You wear dentures when you sleep
[ ] You wear a night guard when you sleep
[ ] You wear bleaching trays at night

Patient Signature: _____

Patient Print Name: _____

Date: _____