

**PULMONARY AND SLEEP DISORDERS QUESTIONNAIRE**

I suffer from or have suffered from:

**Symptoms such as:**

- shortness of breath
- coughing
- phlegm production
- blood in my phlegm
- wheezing
- Chest pain
- weight loss
- fevers
- night sweats

**I use:**

- Oxygen \_\_\_ day \_\_\_ night
- CPAP
- BiPAP

**Medical conditions such as:**

- Asthma
- Emphysema/chronic bronchitis
- Lung Cancer
- Pulmonary Fibrosis
- Sarcoidosis
- Narcolepsy
- Sleep Apnea
- Restless Legs Syndrome
- Coronary Artery Disease
- Congestive Heart Failure
- Hypertension
- Irregular Heart Rhythms (too fast or too slow)
- Stroke
- Reflux (heartburn)/ulcers

**While sleeping I have been told that I:**

- snore
- stop breathing
- have abnormal movements
- talk
- have leg jerks/kicks
- choke or gasp

**I suffer from:**

- fatigue
- sleepiness
- motor vehicle accidents from sleepiness
- diminished concentration
- morning headaches
- insomnia

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

Use the following scale to choose the 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				
Chance of Dozing	0	1	2	3	
Watching TV	0	1	2	3	
Sitting and inactive in a public place (in a meeting or theater)	0	1	2	3	Mild Sleepiness 10-14 Mod. Sleepiness 15-19
As a passenger in a car for an hour (Without a break)	0	1	2	3	Severe Sleepiness 20-24
Laying down to rest in the afternoon (When circumstance permit)	0	1	2	3	
Sitting talking to someone	0	1	2	3	
Sitting quietly after lunch (no alcohol at lunch)	0	1	2	3	
In a car while stopped for a few minutes (in traffic)	0	1	2	3	
				Total Points (Maximum 24)	_____

Please sign here: \_\_\_\_\_