



**Southlake Neurology and Sleep Wellness Clinic, PLLC**  
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Sleep History

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Dr's Name \_\_\_\_\_

What is your primary sleep complaint?

Do you have a secondary sleep complaint?

Have you ever been diagnosed with sleep disorder?

If yes please explain:

About what time do you go to bed?

About what time do you wake up?

How long does it take for you to fall asleep?

How often do you wake up during the night?

Do you feel rested in the morning upon awakening? If not please explain

How much sleep do you get at night?

Sleep Disordered Breathing

Do you snore? If yes please describe your snoring:

Do you wake yourself up from snoring?

Does your snoring disturb your partner? If yes please describe:

Do you have dry mouth at night?

Do you sweat at night? If yes how significant is your sweating:

Do you toss and turn at night?

Do you wake your partner up?

Do you gasp, choke, or snort at night?

Did anyone ever tell you that you stop breathing during the night?

If yes please describe what they have witnessed:

Do you have any additional information that you want to add?

Restless Leg syndrome/periodic limb movement disorder of sleep

Do you have the urge to move your legs or arms in the evening or any part of the day? If yes please describe:

Do you have abnormal sensation in your feet or legs in the evening?

Do you have numbness or tingling in your feet?

Does your abnormal sensation or urge resolve with stretching of the muscles or walking?

Do any of your limb symptoms prevent you from going to sleep?

Do you move your limbs during the night in sleep?

Are you restless during the night? If you are please describe:

Is there a family history of restless leg syndrome? If yes please explain:

Have you ever been told that you have anemia? If yes what kind?

Other symptoms:

Do you have heart palpitations at night?

Do you wake up with heartburn?

Do you wake up with air hunger?

Do you have frequent urge to urinate?

Do you have shortness of breath or chest tightness at night?

Do you cough during the night?

Do you walk in you sleep or perform other activities in your sleep?

Do you talk in your sleep?

Do you grind your teeth?

Narcolepsy:

Do have excessive sleepiness during the daytime? If yes please explain:

Do you tend to doze off during the day?

Do you have tendency to doze off or feel significantly sleepy while driving?

Do you require naps in the daytime?

Do you feel better after a nap?

Do you ever have attacks where you feel weaker all over or just part of your body when you are anxious, excited, when laughing, or when you receive a bad news? Please explain in detail:

Do you have "sleep paralysis" when you doze off, about to go to sleep, or upon awakening?

Right after you fall asleep do you have vivid dreams?

Do you ever act out your dreams?

If you are sleepy or tired in the daytime, how does it affect your work or activities of daily living? Please explain in detail:

How does your sleep problem affect your daily life?

Do you have any other following? (The circle all those apply)

Anxiety depression lack of energy lack of desire to do anything lack of interest in  
pleasureful routines or hobbies lack of sexual desire mood swings memory loss other  
cognitive impairment irritability nighttime hallucinations or delusions

Please go to the next page for Epworth sleepiness scale:

**Please list your medical problems below:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

**Medication you take** (Please highlight the ones you take for sleep)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Do you have a pacemaker, vagal nerve stimulator, or deep brain stimulator?

Do you smoke? If yes how much and how long you have been smoking?

Do you drink? If yes how much and how long you've been drinking?

Is there anything else that you like to add about your sleep, your medical condition, or your special-needs? Please feel free to write below: