



Personal Profile

| Age: | Birth Gender: | Height: | Weight: |
|---|---------------|--|---------|
| Employment: Prescribed Medications: | | Food Habits: Exercise: | |
| If Medications are prescribed, my medications (mark all that apply): affect my mood, sleep, and/or alertness. are for high blood pressure or my heart. are for pain, restlessness, movements. are for chronic lung issues (asthma, COPD, etc.). are for helping me get to sleep and/or staying asleep. | | Do you use Nicotine products or have you used in the past? Do you use Alcohol beyond a glass of wine with dinner? Do you keep a regular sleep schedule? How long is your usual sleep time at home? How long is your usual sleep time for weekends? Do you adhere to healthy sleep habits? | |
| Do you regularly use any non-prescribed medications or substances (Vitamins, Sleep Medications, Marijuana, etc.)? Do you have allergies, congestion, reflux, and/or post nasal drip that affect you during your day or sleep? | | | |

Sleep Apnea Screen

Do you have dryness in the mouth, throat, or lips during your sleep?

Do you tend to have sweating, require a fan, and/or a cold room while sleeping?

Do you snore, gasp, or gurgle while sleeping?

Do you stop breathing or breath shallow at times during sleep?

Do you notice fatigue, irritability, headaches, or urges to nap during your day?

Do you often have the urge to use the restroom during your sleep?

I have a regular bed partner/parent/family member that can attest to these sleep apnea screen questions?

General Sleep Screen

Do you hit, kick, or move frequently when sleeping?

Do you have an irregular sleep schedule such as night shift, afternoon shift, or just a variable sleep schedule?

Do you sleep talk, sleep walk, sleep eat, or have occasional to regular nightmares/terrors during sleep?

If someone tells a funny joke that makes you laugh or scares you do you suddenly feel unable to move or react?

Do you feel comfortable sleeping on your back?

Do you have the urge to tap or shake your legs during the day when sitting still?

If given the opportunity every day for a nap would you take the opportunity?

Are you sensitive to your surroundings and environment when sleeping?

In your regular sleep location do you often feel awakened by noises, children, pets, or other activities?

Do you use a sound machine or similar device in your normal sleep routine?

When on vacation, at home, etc., I am told that my sleep affects the quality of the others.

I have a regular bed partner/friend/family member that can attest to these general sleep screen questions?

****Be sure to review these with your medical provider or Sleep Specialist along with obtaining an annual wellness checkup.****