

Benbrook Medical and Sleep Center

320 Mercedes Street
Benbrook, TX 76126
817-249-7323

Name: _____

To be completed prior to your sleep study.

Name of the Durable Medical Equipment Company (DME) you are currently using if applicable:

Have you ever had a sleep study before? YES or NO
If yes, where? _____

Are you currently using CPAP, BiPAP, or ASV? YES or NO
If yes, what is the current setting? _____

Are you currently on supplemental oxygen? YES or NO
If yes, what liter? _____

Have you ever had a seizure? YES or NO

Problems you are having (check all that apply)
Snoring _____ Breathing Stops _____ Sleepiness _____
Trouble Falling Sleep _____ Talk or Walk in Your Sleep _____

What time do you usually go to bed and wake up?
On Weekdays: Go to bed _____ am or pm Get up _____ am or pm
On Weekends: Go to bed _____ am or pm Get up _____ am or pm

How long does it usually take you to fall asleep? _____

Have you ever worked a night shift, swing, or rotating shift?

Do you regularly use medication to help you sleep? YES or NO
If yes, what medication? _____

Is your sleep refreshing? YES or NO

Sleep Apnea

- At night, my sleep disturbs my bed partner's sleep? YES or NO
- I am told I snore in my sleep? Mild/Moderate/Loud YES or NO
- I suddenly wake up gasping for breath during the night? YES or NO
- My desire or interest in sex is less than it used to be? YES or NO
- Have you fallen asleep while driving? YES or NO
- Have you fallen asleep at work? YES or NO

Insomnia

- I feel tired when awakening and want to go back to sleep? YES or NO
- I am very sleepy during the daytime and struggle to stay awake? YES or NO
- Often, do you find you are unable to fall asleep during the night? YES or NO

Parasomnia

- Do you awaken multiple times during your sleep? YES or NO
- If yes, how many times per night on average? _____
- Do you have an unusual behavior during sleep? YES or NO
- Do you kick while you sleep? YES or NO
- Do you "act out" your dreams? YES or NO
- Have you been told that you have violent behavior during sleep? YES or NO
- Do you wake up from sleep screaming, sweating,
or your heart pounding? YES or NO

Narcolepsy

- Have you had episodes of sudden muscular weakness or inability
to move when laughing, angry, or in an emotional situation? YES or NO
- Do you experience vivid dream-like dreams while falling asleep? YES or NO
- Do you feel paralyzed, unable to move for short periods to
time while waking up? YES or NO

Restless Leg Syndrome

I have been told I have restless legs. YES or NO

Do you often have an urge to move your legs and experience unpleasant sensation in them? YES or NO

Sensations begin or worsen while at rest? YES or NO

The sensations in your legs are partially or totally relieved by movements? YES or NO

Sensations are worse in the evening or night? YES or NO