

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: : (\_\_\_\_) \_\_\_\_\_

Sex: M / F Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Neck Size: \_\_\_\_\_

	<u>Y</u>	<u>N</u>	<u>Comments</u>
Do you snore?	<input type="radio"/>	<input type="radio"/>	_____
Does your Bed-partner say you snore:	<input type="radio"/>	<input type="radio"/>	_____
Do you stop breathing while you're asleep?	<input type="radio"/>	<input type="radio"/>	_____
Does your Bed-partner say you stop breathing?	<input type="radio"/>	<input type="radio"/>	_____
Are you sleepy during the day?	<input type="radio"/>	<input type="radio"/>	_____
Do you wake up with a headache?	<input type="radio"/>	<input type="radio"/>	_____
Do you Nap during the day?	<input type="radio"/>	<input type="radio"/>	_____
Any problems with sleepiness while driving?	<input type="radio"/>	<input type="radio"/>	_____
Do your legs move a lot when you sleep?	<input type="radio"/>	<input type="radio"/>	_____
Does your Bed-partner say your legs move:	<input type="radio"/>	<input type="radio"/>	_____
Do you act out while dreaming?	<input type="radio"/>	<input type="radio"/>	_____
Does your Bed-partner say you act out while dreaming:	<input type="radio"/>	<input type="radio"/>	_____

**Have you ever had a prior sleep study?** \_\_\_\_\_ **If so, where and when did you have it?** \_\_\_\_\_

**Do you wear oxygen when you sleep?**  
If yes, at what setting? \_\_\_\_\_

**Do you wear a CPAP/BIPAP?**  
If yes, at what setting? \_\_\_\_\_

What time do you go to bed? \_\_\_\_\_ What time do you normally wake up? \_\_\_\_\_

Do you have any medical conditions? \_\_\_\_\_ If yes, please list them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you take any medications? \_\_\_\_\_ If yes, please list them with the dosage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INOVA Fair Oaks Hospital Sleep Disorders Program**  
**3650 Joseph Siewick Dr., Suite 103, Fairfax, Virginia 22033**  
**Telephone #: 703-391-4000 / Fax #: 703-391-3481**  
**Please return completed questionnaire**