Please circle the appropriate answer or fill in the blank for the following questions:

1) Do you snore? Yes No Don't know If Yes: Nightly? Loudly?

2) Has anyone ever told you that you stop breathing, struggle to breathe or gasp in your sleep? Yes No

3) Do you ever wake up short of breath or gasping? No Rarely Occasionally Frequently

4) Do you have trouble falling asleep more than once a week? Yes No

5) How many times do you usually wake up during the night? 0-1 1-2 2-3 3 or more

6) How many times do you usually urinate during the night? 0-1 1-2 2-3 3 or more

7) What time do you usually get into bed at night (a range is OK)? _____ AM PM (Circle one)

8) What time do you usually get out of bed to start your day (a range is OK)?

_____ AM PM (Circle one)

9) How many hours of total sleep do you average each night (a range is OK)? _____ Hours

10) Are you refreshed (not sleepy or tired) when you first get up for the day? Yes No

11) Do you nap **on purpose** during the day?

Never Rarely (<1/mo) Sometimes (1/week) Frequently (2 or more/wk) Daily

12) **Epworth Sleepiness Scale**: How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of the things recently, try to imagine how they would affect you. Use the following scale to choose the most appropriate number to describe how likely you are to doze off or fall asleep in 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
1. Sitting and reading	1._____
2. Watching TV	2._____
3. Sitting inactive in public (e.g. at a meeting or in a theater)	3._____
4. Lying down to rest in the afternoon	4._____
5. Sitting and talking to someone	5._____
6. Sitting quietly after a lunch without any alcohol	6._____
7. In a car, while stopped for a few minutes in traffic or when you are taking mass transit	7._____

13) Please write in any other information about your sleep that you think might be important.