

1 **S1 File. Study Questionnaire – English Version**



2 المركز الطبي للجامعة اللبنانية الأميركية - مستشفى رزق
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SLEEP CLINIC

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Dr. M-L COUSSA-KONISKI

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GUIDELINES

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Please read the questions carefully and answer as they relate to a typical night or your typical sleep pattern. Please consult your bed partner for help in answering the questions, as they may know of problems that may occur during your sleep that you are not aware of.

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Please note that:

13

-Frequently = happens almost every night/day.

14

-Occasionally = happens one or two times per week.

15

-Rarely = happens only once in a while.

16

Answer by circling your choice where appropriate: Do you snore?

17

Frequently Occasionally Rarely Never

18

Otherwise write down your answer.

19

20

Name: _____ Phone Number: _____

21

Age: _____ Profession: _____

22

Sexe: F M Date: _____

23

1) Describe your sleep problem as best as you can:

24 _____

25 _____

26 _____

27 2) How long have you had this sleep problem? _____

28 3) Do you snore?

29 Frequently Occasionally Rarely Never

30 4) How has your snoring been described?

31 Loud Moderate Mild

32 5) How has your snoring been described?

33 Continuous Intermittent Positional

34 6) Does your bed partner have to leave the room because of your snoring?

35 Yes No

36 7) Do you wake up gasping, wheezing, or short of breath?

37 Frequently Occasionally Rarely Never

38 8) Do you feel palpitations during the night?

39 Frequently Occasionally Rarely Never

40 9) Do you get chest pain during the night?

41 Frequently Occasionally Rarely Never

42 10) Do you toss and turn excessively in your sleep?

43 Frequently Occasionally Rarely Never

44 11) Do your legs cramp or jerk upon retiring for sleep or during sleep?

45 Frequently Occasionally Rarely Never

46 12) Do you wet your bed at night?

47 Frequently Occasionally Rarely Never

48 13) Do you sleep walk?

49 Frequently Occasionally Rarely Never

50 14) What is the total duration (in hours) of sleep you get in a typical night's sleep?

51 _____

52 15) Do you feel rested after a typical night sleep?

53 Yes No

54 16) Are you confused and /or disoriented on awakening?

55 Frequently Occasionally Rarely Never

56 17) How long does it usually take for you to begin functioning normally when you awaken in the

57 morning?

58 0-15 min 15-30 min more than 30 min

59 18) Do you wake up with an irritated or scratchy throat?

60 Frequently Occasionally Rarely Never

61 19) Do you wake up with morning headaches?

62 Frequently Occasionally Rarely Never

63 20) Do you sleep or get very sleepy whenever you are inactive during the day? (Such as at

64 meetings, watching TV, at movies or in church):

65 Frequently Occasionally Rarely Never

66 21) Do you have daytime naps?

67 Frequently Occasionally Rarely Never

68 22) Do you have difficulty concentrating or memory problems?

69 Yes No

70 23) How many times have you been involved in automobile accidents, as a driver?

71 _____

72 24) Have you noticed a decrease in your sexual function or interest?

73 Yes No

74 25) Have you or any of your family/friends noticed any recent change in your personality?

75 ☞ Aggressiveness Yes No
 76 ☞ Marked irritability Yes No
 77 ☞ Depression Yes No

78 26) Do you ever experience muscle paralysis either upon going to sleep or awakening from
 79 sleep?

80 Frequently Occasionally Rarely Never

81 27) Do you lose muscle control or strength with emotions (anger, laugh, sadness)?

82 Frequently Occasionally Rarely Never

83 28) Do you experience vivid dreaming even though you know you are awake?

84 Frequently Occasionally Rarely Never

85 29) Does your job require shift work or travel?

86 Yes No

87 30) Do you have a history of?

88 ☞ High blood pressure Yes No
 89 ☞ Diabetes Yes No
 90 ☞ Heart disease Yes No
 91 ☞ Breathing problems Yes No
 92 ☞ Recent weight gain Yes No

93 31) Have you had any surgeries in the past?

94 ☞ Tonsillectomy Yes No
 95 ☞ Nose surgery Yes No
 96 ☞ Thyroid surgery Yes No

97 ☞ Other _____

98 32) How many alcoholic drinks do you take in a usual day?

99 _____

100 33) How many alcoholic drinks do you usually take before going to bed?

101 _____

102 34) What sleep medications?

103 _____

104 _____

105 _____

106 _____

107 35) Do you take antihistaminic? (For allergy, rhinitis.....)

108 Yes No

109 36) Do any of your family members have the same sleep problem as you?

110 Yes No