

# Pulmonary Medical Associates, LLP

Board certified in Internal Medicine, Pulmonary Disease,  
Critical Care & Sleep Disorders

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Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Referred by: \_\_\_\_\_

Address: \_\_\_\_\_

Presenting Complaints:

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

1. How many hours of sleep do you usually get per night? \_\_\_\_\_
2. What time do you usually go to bed on the :  
weekdays? \_\_\_\_\_ weekends? \_\_\_\_\_
3. How long does it take for you to fall asleep? \_\_\_\_\_
4. How many times do you typically wake up at night? \_\_\_\_\_
5. If you wake up, on the average, how long do you stay awake?  
\_\_\_\_\_
6. If you do awaken during the night (after you first fall asleep) which  
part (s) of your sleep period is it?  
 Soon after falling asleep  
 Middle of the night  
 Early morning
7. What do you usually do when you awaken during the night?  
\_\_\_\_\_
8. What time do you usually awaken in the morning on the :  
weekdays? \_\_\_\_\_ weekends? \_\_\_\_\_
9. Do you work split or rotating shifts?  Yes  NO
10. Do you usually drink coffee or tea within 2 hours before you go to bed?  
 YES  NO

11. Do you do physical exercise before bedtime?  YES  NO
12. Do you read before falling asleep?  YES  NO
13. Do you watch TV in the bed before falling asleep?  YES  NO
14. Do you take naps during the afternoon or evening?  YES  NO

Please explain: \_\_\_\_\_

15. Do you feel refreshed after a short (10-15 minute) nap?  YES  NO

16. How do you feel after an average night of sleep?

Please explain: \_\_\_\_\_

17. Do you feel better during:

- Morning  
 Afternoon  
 Evening

18. List your consumption of the following per day:

Chocolate	_____	Over the counter drugs	_____
Coffee	_____	Nicotine	_____
Colas	_____	Tea	_____

19. Please rate how often you:

Awaken at night with heartburn, belching or cough. \_\_\_\_\_

Experience loss of muscle tone when extremely emotional. \_\_\_\_\_

Fall asleep during physical effort. \_\_\_\_\_

Fall asleep during the day. \_\_\_\_\_

Fall asleep involuntarily. \_\_\_\_\_

Fall asleep when laughing or crying. \_\_\_\_\_

Fall asleep while driving. \_\_\_\_\_

Feel unable to move (paralyzed) when waking or falling asleep. \_\_\_\_\_

\_\_\_\_\_

Have breathing problems at night (observed) by self or others. \_\_\_\_\_

\_\_\_\_\_

Have episodes of lack of concentration and focus. \_\_\_\_\_

\_\_\_\_\_

Have episodes of loss of memory. \_\_\_\_\_

Have trouble at school or work because of sleepiness. \_\_\_\_\_

\_\_\_\_\_

Hear voices upon awakening. \_\_\_\_\_

Hear voices upon falling asleep. \_\_\_\_\_

Notice your heart pounding or beating irregularly during the night. \_\_\_\_\_

\_\_\_\_\_

Snore. \_\_\_\_\_

Snore loudly enough that others complain. \_\_\_\_\_

Suddenly wake up gasping for breath during the night. \_\_\_\_\_

\_\_\_\_\_