

REGIONAL HEALTH DIAGNOSTICS, INC.

252-635-9822

Sleep Questionnaire

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ Male ☐ Female ☐

Please circle all sleep related problems you are experiencing:

Snoring	Difficulty falling asleep	Difficulty staying asleep
Waking up during the night	Excessive daytime sleepiness	Waking up gasping/choking
Sleep Walking	Grinding your teeth	Sleep Talking
Nightmares	Hitting or kicking bed partner	Jerking/twitching
Acting out dreams	Frequent trips to the restroom	Waking up screaming

Other (please describe): \_\_\_\_\_

Please circle all of your medical problems:

High blood pressure	Asthma	Congestive Heart Failure
Heart Disease	High Cholesterol	COPD/Emphysema
Acid Reflux	Diabetes	Stroke
Lung Disease	Seizures	Anxiety, Depression or PTSD

Drug allergies: \_\_\_\_\_ Other medical issue(s) (please list): \_\_\_\_\_

Please list all current medications: \_\_\_\_\_

Do you drink alcoholic beverages? Yes or No (If yes, how much and when? \_\_\_\_\_)

How many alcoholic beverages do you have within 2 hours of bedtime? \_\_\_\_\_

How many cups of the following do you consume on an average day? \_\_\_\_\_ Coffee \_\_\_\_\_ Tea \_\_\_\_\_ Cola

How many caffeinated beverages do you have within 2 hours of bedtime? \_\_\_\_\_

Has anyone in your family been diagnosed with narcolepsy or sleep apnea? Yes or No If yes, what relation?: \_\_\_\_\_

What is your normal bedtime? \_\_\_\_\_ What is your normal wake up time? \_\_\_\_\_

Have you ever wet the bed as an adult? \_\_\_\_\_

Do you smoke? (if yes how many packs per day?) \_\_\_\_\_



**REGIONAL HEALTH DIAGNOSTICS, INC.**  
*TUBERCULOSIS QUESTIONNAIRE*

In accordance with federal regulations, we are required to ask you the following questions in order to possibly protect you and other patients for exposure to tuberculosis.

**Patients Name:** \_\_\_\_\_

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

Have you had a cough for 3 weeks or longer?	Yes	No
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Have you coughed up blood during this time frame?	Yes	No
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Have you had night sweating that leaves the sheets/bed clothes wet?	Yes	No
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Have you lost weight for unknown reason?	Yes	No
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Have you had a fever for greater than 1 month?	Yes	No
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Have you been exposed to anyone with tuberculosis?	Yes	No
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If yes, when \_\_\_\_\_ relationship \_\_\_\_\_

**PLEASE PROVIDE ALL THE INFORMATION REQUESTED ON THIS FORM.**

**THANK YOU.**

**REGIONAL HEALTH DIAGNOSTICS, INC.**  
*EMERGENCY CONTACT INFORMATION*

PATIENT NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

IS IT OK TO LEAVE APPOINTMENT MESSAGE \_\_\_\_\_ YES \_\_\_\_\_ NO



**REGIONAL HEALTH DIAGNOSTICS, INC.**  
*EPWORTH SLEEPINESS SCALE*

Patient's Name: \_\_\_\_\_

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

Score: \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in the last three weeks. Even if you have not done some of these recently, try to work out how they would have affected you. Rate your chance of dozing in each situation.

**SITUATION:**

**CHANCE OF DOZING:**

Sitting and Reading

- 0-Would never doze
- 1-Slight chance of dozing
- 2-Moderate chance of dozing
- 3-High chance of dozing

Watching T.V.

- 0-Would never doze
- 1-Slight chance of dozing
- 2-Moderate chance of dozing
- 3-High chance of dozing

Sitting inactive in public place (theater, meeting, etc.)

- 0-Would never doze
- 1-Slight chance of dozing
- 2-Moderate chance of dozing
- 3-High chance of dozing

As a passenger in a car for a hour w/o a break

- 0-Would never doze
- 1-Slight chance of dozing
- 2-Moderate chance of dozing
- 3-High chance of dozing

Lying down to rest in the afternoon

- 0-Would never doze
- 1-Slight chance of dozing
- 2-Moderate chance of dozing
- 3-High chance of dozing

Sitting and talking to someone

- 0-Would never doze
- 1-Slight chance of dozing
- 2-Moderate chance of dozing
- 3-High chance of dozing

Sitting quietly after lunch without alcohol

- 0-Would never doze
- 1-Slight chance of dozing
- 2-Moderate chance of dozing
- 3-High chance of dozing

In a car, while stopped for a few minutes in the traffic

- 0-Would never doze
- 1-Slight chance of dozing
- 2-Moderate chance of dozing
- 3-High chance of dozing