



Insomnia Follow Up Questions

Name:	Date of birth:
Date:	

How were you contacted for a reminder for this appointment today? Phone Letter Email

What brings you into the office to be seen today? _____

Please answer the following questions below for the past month:

Do you experience daytime sleepiness?..... Yes No

Do you take daytime Naps? Yes No

Does your mind race when you try to sleep? Yes No

Do you experience pain? Yes No

If yes, please explain

Do you have palpitation during the night?..... Yes No

Do you have chest pain during the night? Yes No

Do your legs bother at night? Yes No

Do you awaken short of breath?..... Yes No

Do you snore? Yes No

Do you change or swing shifts?..... Yes No

Do you crave sweets? Yes No

Do you consume caffeine? Yes No

What drinks and how much? _____ Yes No

How close to your bedtime do you drink coffee, tea or soft drinks? _____ Yes No





COMPREHENSIVE SLEEP & BREATHING

Comprehensive Sleep and Breathing, LLC

1406 McFarland Blvd, Ste C

Tuscaloosa, AL 35406

Phone: 205.343.0004

Describe your sleep environment while you sleep:

Example 1: quite, cool, dark room, fan running, no lights, no tv, no electronic devices, no phones, and no interruptions during the night

Example 2: sleep with television on, husband snores, and dog wakes me up most nights needing to go to the bathroom

Example 3: quite, warm room, night light, cell phone next to me on vibrate, feed baby 1-3 times nightly

How long have you experienced your insomnia?

Are you experiencing any new symptoms? Yes No

Please explain _____

Have any symptoms returned or worsened on your current treatment?..... Yes No

Please explain _____



Luna Sleep Centers, LLC

521 Cahaba Park Circle Birmingham, AL 35242

Phone: 205-917-5862



Sleep Disorders Center of Alabama

790 Montclair Road, Suite 200, Birmingham, AL 35213

Phone: 205-599-1020



Epworth Sleepiness Scale

Name:	Date of birth:
Date:	

This questionnaire was developed to determine the level of daytime sleepiness in individuals. It has become one of the most frequently used methods for determining a person's average level of daytime sleepiness. Remember to review your response with your doctor. Please rate how likely you are to doze or fall asleep in the following situations by selecting the response that best applies. If you have not done some of these activities recently, select what would most likely happen if you were in that situation.

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

Chance of Dozing

0	1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting and Reading
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watching Television
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As a passenger in a car over an hour without a break
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting Inactive in a public place (ex. Theater or meeting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lying down to rest in the afternoon when circumstances permit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting and talking to someone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting quietly after lunch without alcohol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In a car, while stopped in traffic for a few minutes

Your score will range from 0 to 24. A score above 10 indicates excessive daytime sleepiness. A score above 16 is associated with a high level of excessive daytime sleepiness.

This questionnaire is not intended to take the place of talking with a doctor. Regardless of the questionnaire results. If you have concerns about your symptoms, you are encouraged to discuss them with your doctor.





COMPREHENSIVE SLEEP & BREATHING

Comprehensive Sleep and Breathing, LLC

1406 McFarland Blvd, Ste C

Tuscaloosa, AL 35406

Phone: 205.343.0004

Comprehensive Sleep and Breathing - Med & Surgery

Name:	Date of birth:
Date:	

Please list any medications you are currently taking: No changes in last 6 months

Drug Name:	Dose:	Frequency:

Do you have any drug allergies? Yes No *if yes, then list them below*

List any medical diagnosis you have: No changes in last 6 months

List any surgeries you have had: No changes in last 6 months



Luna Sleep Centers, LLC

521 Cahaba Park Circle Birmingham, AL 35242

Phone: 205-917-5862



Sleep Disorders Center of Alabama

790 Montclair Road, Suite 200, Birmingham, AL 35213

Phone: 205-599-1020



COMPREHENSIVE SLEEP & BREATHING

Comprehensive Sleep and Breathing, LLC

1406 McFarland Blvd, Ste C

Tuscaloosa, AL 35406

Phone: 205.343.0004

REVIEW OF SYSTEMS: Have you experienced any of the following problems in the last 30 days? **Please Check "Yes"**

GENERA/CONSTITUTIONAL		OPHTHALAMOGIC		ENT	
	Yes		Yes		Yes
Recent weight change	<input type="checkbox"/>	Changes in vision	<input type="checkbox"/>	Difficulty hearing	<input type="checkbox"/>
Fever	<input type="checkbox"/>	Blindness	<input type="checkbox"/>	Dizziness/Vertigo	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	Wear Glasses/Contacts	<input type="checkbox"/>	Sinus infection	<input type="checkbox"/>
Appetite changes	<input type="checkbox"/>	Other eye problems	<input type="checkbox"/>	Sinus drainage	<input type="checkbox"/>
Please list: _____		Please list: _____		Please list: _____	
ENDOCRINE		RESPIRATORY		CARDIOVASCULAR	
	Yes		Yes		Yes
Significant hair loss	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Heart racing	<input type="checkbox"/>
Thyroid problems	<input type="checkbox"/>	Coughing up blood	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>
Heat intolerance	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>	Heart skipping	<input type="checkbox"/>
Cold intolerance	<input type="checkbox"/>	Coughing Sputum production	<input type="checkbox"/>	Swelling of extremities	<input type="checkbox"/>
Excessive thirst	<input type="checkbox"/>			Shortness of breath lying down	<input type="checkbox"/>
Please list: _____		Please list: _____		Please list: _____	
GASTROINTESTINAL		HEMATOLOGY		GENITOURINARY	
	Yes		Yes		Yes
Difficulty swallowing	<input type="checkbox"/>	Swollen glands	<input type="checkbox"/>	Blood in urine	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	Blood transfusion	<input type="checkbox"/>	Painful urination	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	Prolong bleeding	<input type="checkbox"/>	Overnight urination	<input type="checkbox"/>
Blood in stool	<input type="checkbox"/>	Easy to bruise	<input type="checkbox"/>	Frequent urination	<input type="checkbox"/>
Difficulty swallowing	<input type="checkbox"/>				
Please list: _____		Please list: _____		Please list: _____	
MUSCULOSKELETAL		SKIN		NEUROLOGICAL	
	Yes		Yes		Yes
Joint pain	<input type="checkbox"/>	Lumps	<input type="checkbox"/>	Unusual weakness	<input type="checkbox"/>
Joint swelling	<input type="checkbox"/>	Itching	<input type="checkbox"/>	Unusual headaches	<input type="checkbox"/>
Weakness of extremities	<input type="checkbox"/>	Rash	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Trauma to joints	<input type="checkbox"/>	Changes in moles	<input type="checkbox"/>	Fainting	<input type="checkbox"/>



Luna Sleep Centers, LLC

521 Cahaba Park Circle Birmingham, AL 35242

Phone: 205-917-5862



Sleep Disorders Center of Alabama

790 Montclair Road, Suite 200, Birmingham, AL 35213

Phone: 205-599-1020



COMPREHENSIVE SLEEP & BREATHING

Comprehensive Sleep and Breathing, LLC

1406 McFarland Blvd, Ste C

Tuscaloosa, AL 35406

Phone: 205.343.0004

PSYCHIATRIC		COVID/FLU VACCINES	
	Yes		Yes
Depression	<input type="checkbox"/>	Flu(2022-2023)	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	COVID	<input type="checkbox"/>
Difficulty sleeping	<input type="checkbox"/>	BOOSTER	<input type="checkbox"/>



Luna Sleep Centers, LLC

521 Cahaba Park Circle Birmingham, AL 35242

Phone: 205-917-5862



Sleep Disorders Center of Alabama

790 Montclair Road, Suite 200, Birmingham, AL 35213

Phone: 205-599-1020