Triangle Neurology and Sleep Lab, PA
Laura Jozewicz, MD
701 Exposition Place, Suite 106 Raleigh, NC 27615
Ph. 919.845.2580 Fax 919.845.2581

Sleep Hygiene Questionnaire

1. At what time do you go to bed?
2. Do you have problems falling asleep?
3. Do you wake up during the night?
4. Do you have problems going back to sleep after waking up at night?
5. Do you kick with your legs when you sleep
6. At what time do you wake up in the morning?
7. How many hours on average do you sleep at night?
8. Are you refreshed in the morning when you wake up?
9. Do you have morning headaches?
10. Do you take naps? If so, how often?
11. Did you have a tonsillectomy?
12. Did you gain any weight over the last year? If so, how much?

MALLAMPATI	1	2	3	4
TONSILS GRADE	1	2	3	4