



MODESTO

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PRE-SLEEP QUESTIONNAIRE

Patient name _____ Date of Birth _____ MRN _____ Today's Date _____

How much sleep did you get last night? _____ hours

What time did you awaken this morning? _____ am / pm

Did you take any naps today? YES NO

Have you had any of the following today? Coffee Tea / Soft Drinks Alcohol Nicotine

Has anything out of the ordinary happened to you recently? YES NO

Did you do any strenuous activity today?

Do you have any physical complaints right now?

How tired do you feel right now? Not at all A little Quite a lot Extremely