PIMA LUNG & SLEEP, PC
SLEEP CENTER
AMITAB PURI, MD, FCCP, DABSM, FCCM
Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine

PM QUESTIONNAIRE

NAME:_____ GW ID: _____ RM# _____

TYPE OF STUDY _____TECHNICIAN _____DATE_____

1. What time did you go to sleep last night? _____
2. What time did you wake up today? _____
3. Did you take a nap today? ❍ Yes ❍ No
   If so, for how long?_____
4. Did you have any caffeinated beverages today? ❍ Yes ❍ No
   If so, how many? _____
5. Did you eat chocolate today? ❍ Yes ❍ No
   If so, how much? _____
6. Did you drink alcohol today? ❍ Yes ❍ No
   If so, how much? _____
7. What time was your last meal? _____
8. Did you smoke cigars/cigarettes? ❍ Yes ❍ No
   If so, how many? _____
9. How stressful was your day today? _____
   ❍ More stress ❍ Less stress ❍ Typical day
10. How tired do you feel now? _____
    ❍ More tired ❍ Less tired ❍ Same as usual
11. What medications did you take tonight? _____

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AASM Accredited Sleep Centers & Member

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