

# Sleep Disorders Interview

Name: \_\_\_\_\_ Gender: M F Marital Status: M Sep Single D W

Day Phone: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Education (Yrs):  
Yr Mth Day

Referral Source: \_\_\_\_\_ Interviewer: \_\_\_\_\_

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## *Nature of Sleep-Wake Problem*

In a typical week... (*Ideally focus on the last week, if the last week was not typical, focus on the most recent typical week.*)

Do you have a problem with falling asleep? No Mild Moderate Severe

Do you have a problem with staying asleep? No Mild Moderate Severe

Do you have a problem with waking up too early in the morning? No Mild Moderate Severe

Do you have a problem with staying awake during the day? No Mild Moderate Severe

Many people that we see with similar problems report that their difficulty sleeping not only affects them at night but also during the day, have you found this to be true for you as well?

After a poor night's sleep, which of the following problems do you experience on the next day?

Daytime fatigue: \_\_\_ Low physical energy \_\_\_ Low mental energy \_\_\_ Exhausted \_\_\_

Sleepiness: \_\_\_ Propensity to fall asleep \_\_\_ Heavy eyes \_\_\_ Difficulty staying awake

Difficulty functioning: \_\_\_ Performance impairment \_\_\_ Poor concentration \_\_\_ Memory problems

Mood Problems: \_\_\_ Irritable \_\_\_ Tense \_\_\_ Nervous \_\_\_ Depressed \_\_\_ Angry

Physical Symptoms: \_\_\_ Muscle Aches/Pains \_\_\_ Headache \_\_\_ Heartburn \_\_\_ Light-headed

After a stressful or bad day, have you found that your sleep is worse or better?

*Because problems sleeping affect us not only at night but also during the day, we have found that it is helpful to talk not only about your sleep at night but also to discuss the impact of a bad night sleep on the next day and the impact of a stressful day on your sleep at night. One of the most effective ways I have found to get a good understanding of all the factors that may be playing a role in your insomnia is to have you walk me through the 24 hours of a typical work day. So lets start with what time you intend to wake up on a typical work day...*

At what time do you last awaken in the morning (wake up)? \_\_\_\_\_ o'clock

How do you usually wake up? Alarm, automatically, child/pet other environmental?

What is your usual arising time on weekdays (get up)? \_\_\_\_\_ o'clock

What do you typically have for breakfast?

When do you have your first caffeinated beverage?

How much caffeine do you drink on a typical day?

Do you take any medications or vitamins?

What time do you typically leave for work and how is your commute; do you find yourself dozing off?

Describe a typical morning at work. How is your job, what do you do, is your job sedentary or pretty physical, what is the likelihood that you would nod off in the morning at work?

Tell me about breaks at work; do you take breaks? How often and how long? What do you do on breaks?

Do you use tobacco? About how much tobacco do you use in a typical day?

Do you eat lunch at work? What is your typical lunch and how much time do you have? Do you ever nap or unintentionally nod off during lunch?

Describe a typical afternoon at work. Is there a time in the afternoon when you seem most likely to nod off? In what setting?

How many caffeinated beverages do you typically drink in the afternoon?

How is your commute home? Have you ever dozed off or felt very groggy driving home?

How often do you exercise? What type of exercise do you do? What time of day do you typically exercise?

How often do you intentionally nap? Where do you usually nap and for how long?

When do you typically eat dinner?

How stressful is your typical evening at home?

How many alcoholic beverages do you drink on a typical night? Have you noticed any changes in your alcohol consumption since your sleep problems began?

What is your typical nighttime routine? What do you do (watch tv, read, play videogames, work/play on the computer)? Who is around with you?

How likely are you to doze or unintentionally nod off during the evening? Where and when does this happen?

When is your last caffeinated beverage?

When do you use tobacco for the last time each night?

How do you decide when to go to bed for the night? Do you have a bed time or do you typically go to bed just whenever you feel sleepy? Do you fall asleep outside of your bed, before deciding to go to bed?

Let's talk about your bed room environment, imagine standing in the doorway to your bedroom, let's talk about what you see and how it makes you feel.

Do you have a television in your room?

Do you have exercise equipment in your room?

Do you have a TV, radio, or phone in your bedroom?

Is there a desk with paperwork to be done in your bedroom?

Is your bedroom quiet?

Is your mattress comfortable?

How is your room temperature?

Are you sleeping with a bed partner?

What is your bed partners sleep like?

What do you do in your bedroom besides sleep?

Do you have conversations with your partner in the bedroom or bed?

How do you feel in your bedroom? (anxious, frustrated, sad, restful, calm)

*Now let's talk about your bedtime routine. What do you usually do in the 30-60 minutes leading up to your bedtime?*

What do you typically do in bed prior to sleeping (tv, read etc)

How long, once you turn out the lights with the intention of falling asleep does it usually take you to fall asleep?

What sort of things seem to interfere with your ability to fall asleep?

Once you fall asleep do you wake up during the night?

What sort of things seem to wake you in the middle of the night?

How often do you wake during the night?

How long are you awake in the middle of the night?

*In a moment I am going to ask you some more specific questions about things that might happen during the course of your sleep, however is there anything that comes to mind now about your typical day, the impact of sleep problems, things that interfere with your sleep or the impact of sleep on your daily functioning?*

Now can you tell me how your schedule changes on days that you do not work?

Do your bed and wake times differ? If so, how does your sleep quality change with the different amount or hours of sleep?

How does your bedtime routine differ on nights before your days off?

Are you more or less likely to nap on days off?

How is your daytime functioning and mood different on your days off?

### ***Sleeping Aids***

*So let me just clarify a few things we covered in reviewing your typical day...*

In the past 4 weeks have you used sleeping medication?

If yes, which drugs?

Prescribed, over-the-counter, or both?

How many nights/week do you use the medication?

If no, have you ever used sleeping medication?

When did you *first* use sleep medication?

When did you *last* use sleep medication?

In the past 4 weeks, have you used alcohol as a sleep aid? Yes No

If yes, what type and how many ounces?

How many nights/week?

If no, have you ever used alcohol as a sleep aid?

### ***Sleep Problem History***

How long have you been suffering from insomnia? \_\_\_\_ years \_\_\_\_ months

Were there any stressful life events related to its onset?

Gradual or sudden onset?

What have been the course of your insomnia problem since its onset (e.g., persistent, episodic, seasonal, etc.)?

What do you do when you can't fall asleep or return to sleep?

Is your sleep better/worse/same when you go away from home?

What types of factors make your sleep problem worse (e.g., stress at work, travel plans, emotional tension)?

What types of factors improve your sleep (e.g., vacation, sex, distractions)?

How concerned are you about sleep/insomnia?

What impact does insomnia have on your mood?

What impact does insomnia have on your alertness?

What impact does insomnia have on your performance?

How do you cope with these daytime sequelae?

Have you stopped doing anything (other than sleeping) because of insomnia?

How would your life be different if you didn't have insomnia (e.g., work harder, take care of children)?

Have you received treatment in the past for insomnia (other than medication)?

What prompted you to seek insomnia treatment at this time?

### ***Symptoms of Other Sleep Disorders***

Have you or your bed partner ever noticed one of the following, and if so, how often in a typical week would you estimate you experience these symptoms?

- A. *Restless legs*: Crawling or aching feelings in your legs (calves) and inability to keep legs still?
- B. *Periodic limb movements*: Leg twitches or jerks during the night, waking up with cramps in your legs?
- C. *Apnea*: Snoring, pauses in breathing at night, shortness of breath, choking at night, morning headaches, chest pain, dry mouth?
- D. *Narcolepsy*: Sleep attacks, sleep paralysis, hypnagogic hallucinations, cataplexy?
- E. *Gastro-esophageal reflux*: Sour taste in mouth, heartburn, reflux?
- F. *Parasomnias*: Nightmares, night terrors, sleepwalking/talking, bruxism?
- G. *Sleep-wake schedule disorder*: Rotating shift or night shift work?

**Medical History/Medication Use**

Current medical problems:

Current medications:    Name            Amount            Frequency Taken            Purpose

Hospitalizations/Surgery:

Height:                      Weight (lbs):                      Recent Weight Gain/Loss?

**History of Psychopathology/Mental Health Treatment (modified SCID)**

Are you currently receiving psychological or psychiatric treatment for emotional or mental health problems?            Yes    No

Have you or anyone in your family ever been treated for emotional or mental health problems in the past?            Yes    No

Have you or anyone in your family ever been a patient in a psychiatric hospital?            Yes    No

Has alcohol or any drug ever caused a problem for you?            Yes    No

Have you ever been treated for alcohol/substance abuse problems?            Yes    No

Has anything happened lately that has been especially hard for you?            Yes    No

What about difficulties at work or with your family?            Yes    No

Scale for below ? = Inadequate information    1 = Absent or false    2 = Subthreshold    3 = Present

In the last month, has there been a period of time when you were feeling depressed or down most of the day nearly every day?            ?    1    2    3

What about being a lot less interested in most things or unable to enjoy the things you used to enjoy? If yes, was it nearly every day?            ?    1    2    3

For the past couple of years, have you been bothered by depressed mood most of the day, more days than not? More than half the time?            ?    1    2    3

Have your ever had a panic attack, when you suddenly felt frightened, anxious or extremely uncomfortable? If yes, 4 attacks within 1 month?            ?    1    2    3

Have you ever been afraid of going out of the house alone, being in crowds, standing in a line, or traveling on buses or trains?            ?    1    2    3

Have you ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?            ?    1    2    3

In the last 6 months, have you been particularly nervous or anxious?            ?    1    2    3

Do you worry a lot about terrible things that might happen?            ?    1    2    3

During the last 6 months, would you say that you have been worrying most of the time (more days than not)?            ?    1    2    3

If psychopathology is present, evaluate its onset and temporal course in relation to the sleep disturbance.

Does insomnia occur exclusively during the course of worry/depression episodes?    Yes    No