

How many cups of coffee, tea, cola, or caffeine-containing drinks do you consume per day?

How much alcohol do you consume per week?

Do you use sleeping pills?

- Yes
- No
- If yes, list

Do you have any of the following:

- Wake up feeling tired or not rested? Yes? No?
- Fall asleep while watching TV? Yes? No?
- Fall asleep while driving? Yes? No?
- Difficulty falling asleep? Yes? No?
- Snoring? Yes? No?
- Told by bed partner that you have difficulty breathing at night? Yes? No?
- Difficulty breathing through your nose? Yes? No?

Have you noticed any of the following?

- Heat or cold intolerance
- Heartburn or chest discomfort
- Palpitations or irregular heartbeats
- Changes in skin or hair
- Blurred vision, change in vision, double vision
- Numbness or clumsiness of hands, arms, or legs
- Difficulty swallowing
- Voice changes or throat clearing
- Seizures or tremors

Have you had any of the following?

- Thyroid condition
- High blood pressure
- Diabetes
- Asthma or other lung conditions
- Hearing problems
- Balance problems
- Nasal obstruction, congestion, sinus infections
- Ulcers or stomach problems
- Neurologic disease
- Use of over-the-counter or prescription antacids

Married?

- Yes
- No

- Number of children?

Occupation.