

Questionnaire



Name First Name Date of birth
Address family doctor.....
Ground for referral / preliminary findings



Symptomatology Day / Night
Dry mouth Headache Shortness of breath Night sweats Cardiactachycardia Nocturia
Sleepwornness Sleep-through disorders Wake-up reaction Daytime tiredness RLS Depression
Bedtime from / to afternoon nap job / shift work



social history
.....
concomitant disease.....
.....
.....



Medicines Allergies / Pets
Nicotine Alcohol Weight Size BMI

Dr. med.
Osama Abu Hassan

Sleep laboratory Wiesbaden
Luisenstraße 18
65185 Wiesbaden

☎ 0611 / 900 66 414
☎ 0611 / 900 66 416
✉ info@schlaflabor-wiesbaden.com
🌐 www.schlaflabor-wiesbaden.com

