



WELLINGTON

**WellSleep**

UNIVERSITY OF OTAGO, WELLINGTON SLEEP INVESTIGATION CENTRE  
 Bowen Hospital | Churchill Drive | Crofton Downs | Wellington  
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**HEALTH QUESTIONNAIRE**

Personal Details (patient to complete and return before study)		PLEASE RETURN URGENTLY	
<b>Name</b>			
Surname		Given Names	
Date of Birth	Telephone		
Address			
Referring Clinician			
Date of Study	Procedure		
Ethnicity			
<b>Tick as many boxes as you need to show which ethnic group(s) you belong to.</b> <input type="checkbox"/> NZ Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Niuean <input type="checkbox"/> Indian <input type="checkbox"/> NZ European/Pākehā <input type="checkbox"/> Cook Island Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Chinese <input type="checkbox"/> Other European <input type="checkbox"/> Tokelauan <input type="checkbox"/> other .....			
If you are not filling out this questionnaire for yourself please state the reason why: eg Parent of a child:			
<b>Do you have or have you ever had?</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
High Blood pressure			
Chest pain/Tightness or Angina			
Palpitations or irregular heart beat			
Heart pacemaker			
Artificial heart valves			
Rheumatic heart disease			
Other heart problems			
Asthma			
Other lung problems			
Tuberculosis			
Diabetes			
Jaundice Hepatitis Type A B C (please circle)			
Kidney problems			

# Health Questionnaire

Name: \_\_\_\_\_

Previous clots in legs or lungs (please circle)			
Blackouts or fainting			
Epilepsy			
Frequent indigestion or heartburn			
Arthritis			
Jaw, neck or back problems			
Severe snoring			
Stop breathing during sleeping			
Thyroid Problems			
Pituitary problems			
Anaemia			
Treatment for cancer			
Stroke or TIA			
Muscle or nerve damage			
<b>General Questions</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Do you cough?			
Do you bruise or bleed easily?			
Do you suffer from motion sickness?			

<b>Have you been admitted to hospital in the last 6 months?</b>			
If YES what for?		Hospital	Date
<b>Allergies</b>			
List all allergies including reactions to drugs, lotions, sticking plaster, latex and foods:			

