

## SLEEP ASSESSMENT AND EPWORTH SCALE

Questionnaire used to identify sleep disorder candidates

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

Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Please list any medical problems within the last 5 years (hypertension, diabetes, surgery, etc.)

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Have you suffered a heart attack or stroke? \_\_\_\_\_ When? \_\_\_\_\_

Circle appropriate response:

- |   |     |    |              |
|---|-----|----|--------------|
| 1. Do you snore at night?   | Yes | No | Occasionally |
| 2. Witnessed pauses in breathing while asleep?  | Yes | No | Occasionally |
| 3. Do you have difficulty falling asleep?   | Yes | No | Occasionally |
| 4. Do you have difficulty maintaining sleep?  | Yes | No | Occasionally |
| 5. Experience a restless sensation in legs while laying awake in bed?                                       | Yes | No | Occasionally |
| 6. Kicking and twitching movements while asleep?  | Yes | No | Occasionally |
| 7. Experience excessive daytime tiredness?  | Yes | No | Occasionally |
| 8. Have you ever awakened feeling paralyzed?  | Yes | No | Occasionally |
| 9. Experience a sudden loss of strength in your arms or legs?   | Yes | No | Occasionally |
| 10. If the previous answer is Yes, were these events brought on by a sudden, frightening event or laughter? | Yes | No |              |

Circle all that apply:

Do you frequently awaken with:	dry mouth	nasal congestion
	headache	heartburn
	chest pain	excessive sweating
	choking & gasping	feeling groggy & unrefreshed

According to the following scale choose the appropriate number value to represent how likely you are to fall asleep during the day in the following situations. Try to be honest as possible. If possible have your significant other help you fill this out.

**0-never      1-slight chance      2-moderate      3-always**

- |   |   |   |   |   |
|---|---|---|---|---|
| Sitting and reading   | 0 | 1 | 2 | 3 |
| Watching T.V.   | 0 | 1 | 2 | 3 |
| Sitting inactive in public (movie theater, meeting)           | 0 | 1 | 2 | 3 |
| Sitting and talking to someone                                | 0 | 1 | 2 | 3 |
| Sitting quietly after lunch without alcohol                   | 0 | 1 | 2 | 3 |
| As a passenger in a car for an hour without a break           | 0 | 1 | 2 | 3 |
| Driving a vehicle for two or more hours                       | 0 | 1 | 2 | 3 |
| Lying down to rest in the afternoon when circumstances permit | 0 | 1 | 2 | 3 |

TOTAL: \_\_\_\_\_