

SLEEP QUESTIONNAIRE

Epworth Sleepiness Scale

How likely are you to sleep or doze in each of the following situations?

- _____ Sitting and reading
- _____ Watching TV
- _____ Sitting inactive in a public place (i.e. theater or meeting)
- _____ As a passenger in a car for an hour without a break
- _____ Lying down to rest in the afternoon when circumstances permit
- _____ Sitting and talking to someone
- _____ Sitting quietly after lunch without alcohol
- _____ In a car, while stopped for a few minutes in traffic
- _____ **Total Score**

Using the following scale, choose the most appropriate number for each situation.

- 0 = No chance of dozing
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

Health Symptoms

- Yes No Have you ever been told you stop breathing while asleep?
- Yes No Have you ever fallen asleep or nodded off while driving?
- Yes No Have you ever woken up suddenly with shortness of breath, gasping, or with your heart racing?
- Yes No Do you feel excessively sleepy during the day?
- Yes No Do you snore or have you ever been told that you snore?
- Yes No Have you had weight gain and found it difficult to lose?
- Yes No Have you taken medication for, or been diagnosed with high blood pressure?
- Yes No Do you kick or jerk your legs while sleeping?
- Yes No Do you feel burning, tingling or crawling sensations in your legs when you wake up?
- Yes No Do you wake up with headaches during the night or in the morning?
- Yes No Do you have trouble falling asleep?
- Yes No Do you have trouble staying asleep once you fall asleep?

Previous Medical Diagnoses

- Yes No Have you ever used CPAP before?

Please check any conditions for which you have been medically diagnosed or treated.

- Heart Failure Hypertension Metabolic Syndrome Heartburn (Gastroesophageal Reflux)
- Stroke Diabetes Obesity Atrial Fibrillation

Patient Name: _____