

Name: _____ Date of Birth: _____

HOME SLEEP STUDY SCREENING QUESTIONNAIRE

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|----|--|-----|----|
| 1. | Have you been told that you snore? | YES | NO |
| 2. | Have you been observed to hold your breath or stop breathing at night? | YES | NO |
| 3. | Do you gasp for air or choke while asleep? | YES | NO |
| 4. | Have you woken up multiple times at night to urinate? | YES | NO |
| 5. | Do you have headaches in the morning? | YES | NO |
| 6. | Do you have a hard time falling asleep or staying asleep? | YES | NO |
| 7. | Have you noticed problems with your memory or concentration? | YES | NO |

How many hours do you sleep at night? _____

EPWORTH SLEEPINESS SCALE (ESS)

The ESS assists in the evaluation of the level of daytime sleepiness. A score of 10 or higher is considered sleepy. Equal to or more than 18 is considered very sleepy. There are many reasons why people are sleepy, not just tired, such as not enough sleep, poor quality sleep, medications or pain that interferes with sleep and so on. This scale refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you.

To use this scale, choose the number from the list below that best applies to each of the situations on the scale. Write in the number on the line by the situation and then when all situations are filled in add up the numbers to get the total ESS score.

- 0 = would *never* doze or sleep
- 1 = *slight* chance of dozing or sleeping
- 2 = *moderate* chance of dozing or sleeping
- 3 = *high* chance of dozing or sleeping

Situation: Chance of dozing or sleeping

- Sitting and reading _____
- Watching TV _____
- Sitting inactive in a public place _____
- Being a passenger in a motor vehicle for an hour or more _____
- Lying down in the afternoon _____
- Sitting and talking to someone _____
- Sitting quietly after lunch (no alcohol) _____
- Stopped for a few minutes in traffic while driving _____

Total score (add the scores up) = ESS score _____