Central Missouri Ear, Nose Throat, Sinus & Allergy, P.C.

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Sleep Disorders Questionnaire

Date: _____

Patient: _____ DOB: _____

Telephone: _____ Cell: _____ PCP: _____

Occupation: _____ Shift (circle one): Day Evening Night

Referring Physician: _____ Phone: _____

Height: _____ Weight: _____ BMI: _____

What is your normal sleep time: _____ AM/PM - _____ AM/PM Naps? Yes No

How do you feel at the following times? (Indicate with an "X")

	Very Sleepy	Drowsy	Fully Alert
Upon Awakening			
Mid Morning			
Mid Afternoon			
Evening			

CHECK ALL THAT APPLY:

	Daytime sleepiness		Poor nighttime sleep/awakenings
	Difficulty falling asleep		Gasping/choking sensation (apnea)
	Difficulty staying asleep		Morning headaches
	Leg movements in sleep		Daytime fatigue
	Partner says snoring		Partner says leg jerks/movements
	Partner says quit breathing		Occupational hazard/safety issues

MEDICAL HISTORY/CO-MORBIDITIES:

	Asthma/COPD		Bypass/Stent/Angioplasty
	Home oxygen use		Thyroid disease
	Chronic sinus/allergy		Narcolepsy
	Heart failure/disease		Psychiatric HX (Depression/Anxiety)
	Hypertension		Chronic Pain/Fibromyalgia/Back Pain
	Diabetes		Cardiac arrhythmia
	Seizure disorder		Obese/large neck
	Neuromuscular disease/MS		History of stroke
	Cognitive impairment		

Epworth Sleepiness Scale

Name: _____

Date: _____

Age: _____ Sex: Male _____ Female _____

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would affect you.

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 – high chance of dozing

Situation	**Chance of Dozing**
Sitting and reading	
Watching TV	
Sitting inactive in a public place (ie: a theatre or a 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 a lunch without alcohol	
In a car while stopped for a few minutes in traffic	
Total	

Score:

0 - 10	Normal Range
10 - 12	Borderline
12 - 24	Abnormal