

ADULT SLEEP EVALUATION

Addendum to Health History:

NAME: _____ AGE: _____ Ht: _____ ft _____ in Wt: _____ lbs
 Date: _____

1. Have you ever had a sleep evaluation before? YES / NO
2. If yes, have been diagnosed with a sleep disorder? YES/NO
3. Have you been recommended to use a C-PAP?
4. If yes, are you currently using a treatment device/C-PAP? YES / NO Regularly? YES / NO
5. What type of device if other than a C-PAP _____.
6. Please answer the questions below:

EPWORTH SLEEPINESS SCALE

Dr. Murray Johns of Melbourne, Australia developed and validated the Epworth Sleepiness Scale (ESS). Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. Sleep 1991; 14(6):540-5

How likely are you to doze off or fall asleep in the following situations?

| Situation | Score | |
|-------------------------------------------------------|-------|-------------------------------|
| Sitting & reading | _____ | |
| Watching TV | _____ | |
| Sitting inactive in a public place (i.e. theater) | _____ | Scale |
| As a car passenger for an hour without a break | _____ | 0 = would never doze |
| Lying down to rest in the afternoon | _____ | 1 = slight chance of dozing |
| Sitting & talking to someone | _____ | 2 = moderate chance of dozing |
| Sitting quietly after lunch without alcohol | _____ | 3 = high chance of dozing |
| In a car, while stopping for a few minutes in traffic | _____ | |
| Total score | _____ | |

A score of less than 8 may indicate normal sleep functions

8-10 = Mild Sleepiness

11-15 = Moderate Sleepiness

16-20 = Severe Sleepiness

21-24 = Excessive Sleepiness