

CRYSTAL COMMUNITY ENT

Patient Name _____ Date _____

SLEEP DISORDER QUESTIONNAIRE

Updated 7/1/15

Snoring and Sleep Apnea can result in excessive sleepiness. The following **EPWORTH SLEEPINESS SCALE** can measure your degree of sleepiness and the presence of sleep apnea.

Please indicate the likelihood that you would fall asleep in the following situations (Scale of 0-3). This refers to your usual way of life in recent times. Use this 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

<u>SITUATION</u>	<u>CHANCE OF DOZING</u>
Sitting and reading.....	_____
Watching television.....	_____
Sitting, inactive in a public place (e.g. a theater or a meeting).....	_____
As a passenger in a car for an hour without a break	_____
In a car, while stopped for a few minutes in traffic.....	_____
Lying down to rest in the afternoon when circumstances permit.....	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol.....	_____

YES NO HAD ANY OF THESE SURGERIES/PROCEDURES?

- ____ ____ Tonsillectomy / Adenoidectomy
- ____ ____ Nasal Surgery
- ____ ____ Tracheotomy
- ____ ____ Thyroidectomy
- ____ ____ Tongue
- ____ ____ Jaw
- ____ ____ Uvula, Palatal Surgery Cleft Palate Repair
- ____ ____ Worn a snoring device: Mouth piece CPAP Nasal strips/ Nasal Spray

HAVE ANY OF THESE SYMPTOMS?

- ____ ____ Snore every night / Sometimes Back Stomach Side All Positions
- ____ ____ Awake gasping for breath / heart pounding (RERA – respiratory effort related arousals)
- ____ ____ Trouble with Sleep Quality – Falling Asleep / Staying Asleep / Mind is Active (INSOMNIA)
- ____ ____ Always tired
- ____ ____ Difficulty waking up
- ____ ____ Stop breathing while asleep (observed by bed partner)
- ____ ____ Frequent morning headaches
- ____ ____ Frequent dry mouth
- ____ ____ Nasal obstruction
- ____ ____ Memory Loss
- ____ ____ Separate Beds / Room: Full Time / Part Time ↓ Sex Drive
- ____ ____ Sleep in chair Sleep elevated (Wedge / Pillows / Mechanical Bed)
- ____ ____ Restless Sleep – Involuntary Leg Problems – Tension / Cramps / Kick / Twitch / Pain / Crawling Sensation (RLS)

SNORING/SLEEP APNEA

- ____ ____ High Blood Pressure (Hypertension)
- ____ ____ Obstructive Sleep Apnea (OSA)
- ____ ____ Irregular Heart Rate (Arrhythmia)
- ____ ____ Thyroid Disease
- ____ ____ Heart Failure (CHF)
- ____ ____ Diabetes (DM)
- ____ ____ Meds For: Anxiety

Snoring Loudness
1 2 3 4 5 6 7 8 9 10

Daytime Sleepiness Scale: 1-10 Score
0=None 5=Some 10=Constant _____

- Depression
- Sleep
- ADD/ADHD
- Stress

Epworth Score: _____ BMI _____
RDI _____ CPAP/AUTO CPAP/BiPAP _____ cm H2O
AHI w/ RERAS _____