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Ancillary Profile  
HIM  
131045 (06/02) FMH

Sleep Lab  
Epworth Sleepiness Scale  
  
Floyd Memorial Hospital  
and Health Services  
1850 State Street  
New Albany, IN 47150

Place Patient ID Label Here

How likely are you to doze off or fall asleep in the following situations? This 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. 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 T.V.	_____
Sitting, inactive, in public place	_____
As a passenger in a car for 1 hour w/o a break	_____
Lying down to rest in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch	_____
In a car, while stopped for traffic or a light	_____
Total:	_____

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you been diagnosed with sleep apnea? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has it been treated and how? \_\_\_\_\_

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### Sleep Lab Questionnaire

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Name: \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (work) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family Physician: \_\_\_\_\_

My main sleep complaint is:

- I have trouble sleeping at night.
- I am sleepy all day.
- I have unwanted behavior when I am asleep.

Explain:

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Current Medical conditions for which I am being treated are:

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Medications I am currently taking are:

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Sleep Habits:

On weekdays (work days) I usually go to bed at: \_\_\_\_\_.

On weekdays I wake up at: \_\_\_\_\_.

I take a nap about \_\_\_\_\_ days a week.

The amount of time that it takes me to fall asleep is: \_\_\_\_\_.

If I wake up during the night, the time it usually takes me to fall asleep again is: \_\_\_\_\_.

My total sleep time per night is: \_\_\_\_\_.

Place a check beside any of the following statements that are true for you:

- I have a job that involves shift work or night work.
- I frequently travel across time zones (east-west travel).
- I enjoy sleeping very much.
- I usually sleep with a bed partner.

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During the first 30 minutes after waking up in the morning, I usually feel:

- very groggy
- somewhat groggy
- slightly drowsy but awake
- alert
- I generally feel tired or sleepy all day.
- Several times recently I got up later than planned, even though I went to bed at my normal time. Usually I find myself falling asleep during half-hour TV shows.
- I sometimes find myself doing things that make no sense (such as driving my car to the wrong destination and not knowing how I got there, writing nonsense, or mixing chocolate and gravy).
- I've had the sensation of a sudden weakness in my legs while awake (this may occur particularly in emotional situations, such as laughing, crying, anger, etc...).
- I have sometimes felt paralyzed or unable to move when waking up or falling asleep.
- I have hallucinations or dreamlike images when I am not actually asleep but while falling asleep or waking up.

### Parasomnias:

Place a check next to any of the following statements that are true to you:

- I have been told that I grind my teeth when I sleep.
- As an adolescent or adult, I have been seen sleepwalking.
- As an adolescent or adult, I have been heard sleep-talking.
- My dreams are often very vivid.
- I feel that I dream too much.
- My dreams often awaken me.
- I often have frightening dreams.
- I've been told that I bang or twist my head at night.

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### Disturbed Sleep:

Place a check beside any of the following statements that are true:

- I have been told that I snore very loudly.
- Sometimes a person cannot sleep in the same room with me because he or she is bothered by my snoring.
- I am a very restless sleeper.
- I have been told that I kick or poke my bed partner while I am asleep.
- I sometimes awaken with a choking sensation.
- I've been told that I stop breathing when I sleep.
- I have sometimes fallen out of bed.
- I wake up suddenly from sleep with an unpleasant feeling of fear, anxiety, tension, or unhappiness.
- When I wake up during the night, I often have to get up and go to the bathroom.
- I sweat a lot when I sleep.
- I have been told that my legs jerk or twitch while I am sleeping.
- I sometimes wake up with a headache.
- I sometimes have pain from my heart during the night.
- I sometimes have a bitter or sour taste in my mouth when I awaken at night or in the morning.
- I frequently wake up at night with a dry mouth and get a drink.

### Insomnia:

Place a check beside the following statements that are true for you:

- I have trouble falling asleep at night.
- When I don't sleep well, I worry about it the next day.
- When I wake up during the night, I have trouble going back to sleep.
- I sometimes wake up in the morning long before I have to.
- Some nights I never get to sleep no matter how hard I try.
- When I try to go to sleep, my mind races with many thoughts.
- I often sleep better in an unfamiliar bedroom, such as a hotel or motel room.
- When I try to fall asleep I become anxious or nervous.
- When I try to fall asleep I worry about whether or not I can sleep.
- When I try to go to sleep I often feel pain.
- Pain often wakes me up or keeps me from going back to sleep.
- I often take sleeping pills in order to sleep.
- I have a creeping, crawling sensation in my legs when I lie down to sleep.
- When I do sleep, I feel I sleep very well.
- I am a very light sleeper; I am easily awakened by noises.
- My sleep is disturbed because of my bed partner.
- Heat or cold disturbs my sleep.

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### Medical Conditions:

Place a check beside any of the following statements that are true for you:

- I have been told that I have convulsions or seizures at night.
- I have bitten my tongue while asleep.
- I sometimes wake up with heartburn.
- I sometimes wake up with lower back pain.
- I sometimes wake up with feeling of aching or "pins and needles" in my legs.
- I am unable to sleep in a flat position due to shortness of breath.
- I sometimes cough up sputum or mucous during the night or in the morning.
- I have gained more than 10 lbs in the last year.
- I have lost more than 10 lbs in the last year.
- I have been told that I have high blood pressure.
- I rarely drink alcoholic beverages.
- When I drink alcoholic beverages I consume the following:

	Weekdays	Weekend Days
Bottles of beer	_____	_____
Glasses of wine	_____	_____
Shots of liquor	_____	_____
- I use alcohol in order to get to sleep:
  - sometimes  often

