HEALTH & PHYSICAL (SLEEP ADDENDUM)

NAME: _____ WEIGHT: _____ HEIGHT: _____ SEX: __M __F
OCCUPATION: _____

MY MAIN SLEEP COMPLAINT IS:
__DIFFICULTY SLEEPING AT NIGHT
__FEELING SLEEPY ALL DAY
__UNWANTED BEHAVIORS DURING SLEEP, PLEASE EXPLAIN: _____
_____
__OTHER, EXPLAIN: _____
_____

USUAL SLEEP HABITS:

BEDTIME _____ AM/PM

WAKE TIME _____ AM/PM

NUMBER OF AWAKENINGS _____

NAPS PER WEEK _____

WORK TIME BEGIN _____ STOP _____

CAFFEINATED DRINKS COFFEE _____/DAY
TEA_____/DAY POP_____/DAY

ALCOHOL USE _____/DAY
CIGARETTES, CIGARS _____/DAY

EPWORTH SLEEPINESS SCALE:
HOW LIKELY ARE YOU TO DOZE OFF OR FALL ASLEEP IN THE FOLLOWING SITUATIONS IN CONTRAST TO FEELING JUST TIRED? THIS REFERS TO YOUR USUAL WAY OF LIFE IN RECENT TIMES. IF YOU HAVE NOT DONE SOME OF THESE THINGS RECENTLY, TRY TO EVALUATE 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

___SITTING AND READING
___WATCHING TELEVISION
___ SITTING INACTIVE IN A PUBLIC PLACE (E.G. MEETING, MOVIE)
___AS A PASSENGER IN A CAR FOR AN HOUR WITHOUT A BREAK
___LYING DOWN TO REST IN THE AFTERNOON IF CIRCUMSTANCES PERMIT
___SITTING AND TALKING TO SOMEONE
___SITTING QUIETLY AFTER LUNCH WITHOUT ALCOHOL
___IN A CAR, WHILE STOPPED FOR A FEW MINUTES IN TRAFFIC

TOTAL = _____

PLEASE REVIEW AND MARK THE FOLLOWING QUESTIONS THAT APPLY TO YOU. IF NECESSARY, PLEASE ELABORATE YOUR RESPONSES IN THE COMMENT SECTION.

__Do you fall asleep initially without difficulty?
__Do you awaken long before it is necessary?
__Do you have difficulty going back to sleep?
__Do you feel refreshed on awakening?
__Do you have headaches on awakening?
__Have dryness in your mouth on awakening?
__Have dryness in your throat on awakening?
__Bitter or sour mouth taste in the morning?
__Do you sweat during sleep?
__Do you snore?
__Is your snoring loud and disruptive?
__Is the snoring worse on your back?
__Has anyone noticed you stop breathing in your sleep?
__Do you wake up gasping for air?
__Restless sensation in your legs while awake?
__Kicking or twitching during sleep?
__Leg jerks during sleep?
__See vivid colors or a feeling of dreaming when first falling asleep?
__Awaken from sleep and feel paralyzed?
__Have muscle weakness with emotion?
__Are you "double jointed"?
__Feel groggy or foggy when first waking up?
__Difficulty waking in the morning?
__Feel tired and fatigued while awake?
__Fall asleep inappropriately?
__Fall asleep while driving?
__Drive miles past destination with little awareness?
__Do you dream?
__Do you take naps?
__Feel refreshed after naps?
__Don't feel tired at bedtime?
__Sleep better in unfamiliar settings?
__Bed partner disturbs sleep?
__Function best in evening?
__Grind teeth in sleep?
__Jaw aches in morning?
__Sleep walking/talking as an adult?
__Bed wetting in adulthood?
__Banging or shaking head during sleep?
__Sudden awakening with intense anxiety or dread?
__Hyperactivity as a child or teenager?
__Difficulty breathing through nose?
__Difficulty with erections (men only)?
__Sleep problem varies with menstrual cycle or was related to menopause (women only)?

COMMENTS: