

Department of Respiratory Medicine Middlemore Hospital

SLEEP QUESTIONNAIRE

All referrals to the Respiratory Sleep (Sleep Apnoea) clinic must be accompanied by a completed questionnaire. Referrals received without a questionnaire, or with an incomplete questionnaire will be returned. Please complete all fields.

Patient label

Address: _____
 (If different from above)

T'Phone: (H) _____ (Work) _____ (Mobile) _____

If you work, what is your occupation? _____

DO YOU DRIVE? – If 'YES', please answer the next two questions Yes No

a) Have you fallen asleep driving in the last two years? Yes No

b) Have you had a car accident as a result of falling asleep? Yes No

If Yes to either a) or b), describe e.g. How many times in the last year, or per week/month

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Please answer the following. Take into account reports from family members regarding your sleep.

1. I have been told that I snore. Yes No Unsure

2. I have been told I stop breathing or hold my breath while I sleep. Yes No Unsure

3. I have trouble staying awake at work. Yes No Unsure

4. I have had an accident at work as a result of falling asleep. Yes No Unsure

Describe

9. My current weight is kilos, Height cm Unsure

Please fill out the Epworth Sleepiness Scale on the following page

THE EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, not just feeling tired? Use the scale to choose the most appropriate number for each situation. Write the number you have chosen in the box to the right of the situation.

- 0 = Would *never* doze/ fall asleep
- 1 = *Slight* chance of dozing/ fall asleep
- 2 = *Moderate* chance of dozing/ fall asleep
- 3 = *High* chance of dozing/ fall asleep

SITUATION

**CHANCE OF DOZING
(use the scale above)**

Sitting and reading	<input type="text"/>
Watching television	<input type="text"/>
Sitting, inactive in a public place (eg a theatre or meeting)	<input type="text"/>
As a passenger in a car for an hour without a break	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit	<input type="text"/>
Sitting and talking to someone	<input type="text"/>
Sitting quietly after a lunch without alcohol	<input type="text"/>
In a car, while stopping for a few minutes in traffic	<input type="text"/>
TOTAL	<input type="text"/>