



## Sleep Disorder Risk

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Do you snore while sleeping?  Yes  No

Does your bed partner say you snore?  Yes  No

Does your bed partner say that you stop breathing while you are sleeping?  Yes  No

Neck measurement: \_\_\_\_\_ inches

### The 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. Even if you have not done some of these things recently, try to work out how they would have affect 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 TV

\_\_\_\_\_

Sitting, inactive in a public place (movie/meeting)

\_\_\_\_\_

As a passenger in a car for an hour without a break

\_\_\_\_\_

Lying down to rest in the afternoon when circumstances permit

\_\_\_\_\_

Sitting and talking to someone

\_\_\_\_\_

Sitting quietly after a lunch without alcohol

\_\_\_\_\_

In a car, while stopped for a few minutes in traffic

\_\_\_\_\_

**TOTAL:**

\_\_\_\_\_

(norm < 5)