Owensboro Advanced Sleep Center

**FOLLOW - UP QUESTIONNAIRE AND EPWORTH SLEEPINESS SCALE**

NAME: _____ Date of birth: _____ Today's Date: _____

What time do you usually go to bed? _____am / pm What is your final wake up time? _____ am /pm

How many times do you wake up during the night? (1) (2) (3) (4) other _____

How many times do you visit the restroom during the night? (1) (2) (3) other _____

After awakening during the night, are you usually back to sleep in less than 15 minutes? Yes / No

Do you work a night shift or swing shift? Yes / No If so, please explain: _____

If you use CPAP or BPAP, are you having any problems? Yes / No If so, (check below)

☐ Water in tubing ☐ Pressure too high ☐ Pressure too low

☐ Other: _____

Have you been hospitalized or undergone any surgery since the last visit? Yes / No If so, please explain

How many caffeinated beverages do you drink per day? ____coffee, ____soda, ____tea

Do you currently smoke or use tobacco products? Yes / No Alcohol usage: Yes / No / Rarely

**The Epworth Sleepiness Scale is a tool used to measure your general level of daytime sleepiness ***over the past few weeks*****

***Please estimate your chance of falling asleep in the following situations, using the scale below***
0 = would NEVER doze
1 = SLIGHT chance of dozing
2 = MODERATE chance of dozing
3 = HIGH chance of dozing

| | | | | |
|---|---|---|---|---|
| Sitting and reading | 0 | 1 | 2 | 3 |
| Watching television | 0 | 1 | 2 | 3 |
| Sitting inactive in a public place, such as a meeting or church | 0 | 1 | 2 | 3 |
| As a passenger in a car for an hour without a break | 0 | 1 | 2 | 3 |
| Lying down to rest in the afternoon | 0 | 1 | 2 | 3 |
| Sitting and talking to someone | 0 | 1 | 2 | 3 |
| Sitting quietly after lunch (when you have not had alcohol) | 0 | 1 | 2 | 3 |
| In a car, while stopped in traffic | 0 | 1 | 2 | 3 |