

## Department of Respiratory Medicine Middlemore Hospital

### SLEEP QUESTIONNAIRE

Your doctor has referred you to the sleep clinic and could you please complete the following sleep questionnaire and return it in the enclosed envelop. The answers you provide will enable us to determine how urgently you need to be seen in the sleep clinic.

Patient label

Address: \_\_\_\_\_  
(If different from above)

T'Phone: (H) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

How might we best contact you at short notice? \_\_\_\_\_

Can we phone you at work? Yes ☐ No ☐

If you work, what is your occupation? \_\_\_\_\_

Are you a night shift worker Yes ☐ No ☐

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

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

b) I have had a car accident as a result of falling asleep Yes ☐ No ☐

When answering the following questions, if unsure of the response, then please discuss it with your family prior to attempting the questions.

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

2. I have been told that I snore. Yes ☐ No ☐ Unsure ☐

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

4. I have trouble staying awake at work. Yes ☐ No ☐ Unsure ☐

5. I often wake up and have difficulty going back to sleep. Yes ☐ No ☐ Unsure ☐

6. I lie awake for half an hour or more before I fall asleep. Yes ☐ No ☐ Unsure ☐

7. I have been told that I kick and jerk during sleep. Yes ☐ No ☐ Unsure ☐

8. I take pills to help me sleep. Yes ☐ No ☐ Unsure ☐

9. My current weight is ..... kilos ..... stones + pounds Unsure ☐

## 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 <i>never</i> doze/ fall asleep          |
| 1 | = | <i>Slight</i> chance of dozing/ fall asleep   |
| 2 | = | <i>Moderate</i> chance of dozing/ fall asleep |
| 3 | = | <i>High</i> chance of dozing/ fall asleep     |

### SITUATION

CHANCE OF DOZING  
(use the scale above)

Sitting and reading

Watching television

Sitting, inactive in a public place (eg a theatre or 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 stopping for a few minutes in traffic

TOTAL