Ventilatory Support Service
Respiratory Services – Green Lane Hospital

SLEEP QUESTIONNAIRE

Name .....

Date of Birth ..../..../.... Date Form Completed ..../..../.... Sex .....

Phone *(Home)* ..... *(Work)* ..... *(Mobile)* .....

Address .....

.....

How might we best contact you at short notice? .....

.....

Can we phone you at work? Yes ❑ No ❑

Other Contact (i.e., relative, neighbour, friend) .....

General Practitioner's (GP) Name .....

GP's Address .....

.....

What is your Occupation? .....

Does your current employment involve regular shift work, including night shifts? Yes ❑ No ❑

Have you done regular night shifts in the past for more than three years? Yes ❑ No ❑

Do you have a regular bed partner? Yes ❑ No ❑

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

1) I have fallen asleep driving in the last two years Yes ❑ No ❑

2) I have had a car accident as a result of falling asleep Yes ❑ No ❑
(Which year? ..... Number of times .....)

3) I have fallen asleep while stuck in traffic or stopped at traffic lights in the last year Yes ❑ No ❑

Please answer the questions detailed below. It may be helpful to ask your partner and/or other family members to help you answer the questions.

1. How many hours do you spend in bed most nights? (please tick)

   Less than 5 hours ❑ 5-6 hours ❑ 6-7 hours ❑ More than 7 hours ❑

2. I have had a work accident as a result of falling asleep Yes ❑ No ❑ Unsure ❑
3. I have been told that I snore Yes ❑ No ❑ Unsure ❑
4. I have been told I stop breathing or hold my breath while I sleep Yes ❑ No ❑ Unsure ❑
5. I may wake up gasping for breath Yes ❑ No ❑ Unsure ❑
6. I often feel sleepy and struggle to remain alert during the day Yes ❑ No ❑ Unsure ❑
7. Even though I sleep during the night I feel sleepy during the day Yes ❑ No ❑ Unsure ❑
8. I have trouble staying awake at work Yes ❑ No ❑ Unsure ❑
9. I have fallen asleep whilst talking to someone in the last three months Yes ❑ No ❑ Unsure ❑
10. I regularly fall asleep whilst watching TV or at the movies Yes ❑ No ❑ Unsure ❑
11. There is a high chance I will doze off when reading or writing Yes ❑ No ❑ Unsure ❑
12. I have difficulty falling asleep Yes ❑ No ❑ Unsure ❑
13. I often wake up and have difficulty going back to sleep Yes ❑ No ❑ Unsure ❑
14. I wake up earlier in the morning than I would like to Yes ❑ No ❑ Unsure ❑
15. I lie awake for half an hour or more before I fall asleep Yes ❑ No ❑ Unsure ❑
16. I have been told that I kick and jerk during sleep Yes ❑ No ❑ Unsure ❑
17. When trying to get to sleep I experience an aching or crawling sensation in my legs Yes ❑ No ❑ Unsure ❑
18. Sometimes I can't keep my legs still at night, I just have to move them to feel comfortable Yes ❑ No ❑ Unsure ❑
19. I take pills to help me sleep Yes ❑ No ❑ Unsure ❑
20. I have high blood pressure Yes ❑ No ❑ Unsure ❑
21. I have heart disease Yes ❑ No ❑ Unsure ❑

    (Please specify type of heart trouble ……)

22. I have asthma/bronchitis Yes ❑ No ❑ Unsure ❑
23. I have problems with a blocked nose or nasal allergies Yes ❑ No ❑ Unsure ❑
24. I am overweight Yes ❑ No ❑ Unsure ❑
25. My current weight is …….. kilos …….. stones & pounds
26. My height is approximately …… cm …… feet & inches

Please add any further comments which you feel would be helpful below:

THE EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently, try to work out how they would have affected you. 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
1 = *Slight* chance of dozing
2 = *Moderate* chance of dozing
3 = *High* chance of dozing

Situation	Chance of Dozing (use the scale above)
Sitting and reading	
Watching television	
Sitting, inactive in a public place (e.g., 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	

DROWSY DRIVING TIPS

These suggestions will help to prevent you from the risk of drowsy driving.

1. If you feel tired or drowsy DO NOT DRIVE.
   Sleepiness is a major cause of motor vehicle accidents and accounts for up to 40% of all fatal crashes of motor vehicle crashes on major motorways in the USA. No matter how much you think you can control sleepiness, the evidence is you can't.

2. Ensure you follow your Doctors advice about the treatment of your sleep disorder.
   For example, if you have sleep apnoea and use CPAP, make sure you use it fully the night before your trip.

3. GET A GOOD NIGHT'S SLEEP before driving.
   Do not cut yourself short of sleep if you plan a long drive the next day. Get to bed early and do not stay up late packing.

4. Avoid alcohol both the night before your trip and during your trip.
   Alcohol will disrupt sleep and make you more tired the next day. Sleepiness and alcohol are additive in increasing impairment of your driving ability.

5. Avoid any sedative medications.
   This includes any sedative antihistamines that are often contained in cold or allergy medications. Avoid taking these the night before you drive as they may have long lasting effects the next day.

6. Travel during NON-SLEEPING hours.
   Accidents due to sleepiness are more common during the night time hours.

7. If sleepy STOP AND REST!
   Drink coffee, walk around or have a brief nap in your car if you are sleepy. Have a 10-15 minute break every two hours of driving.

8. Drive with a Companion.
   Share the driving. Relax in the back seat until it is your time to share the driving again.

REMEMBER – if you are regularly falling asleep at the wheel, then you should stop driving until your sleep problem has been dealt with and you should inform the Land Transport Authority. It is the responsibility of the driver NOT TO DRIVE if unfit to drive because of sleepiness.