Kingwoodsleep Lab

Give your self a chance to relax.

Symptoms Evaluation and Associations

NAME: _____ **HT:** _____ **WT:** _____ **AGE:** _____

WHY ARE YOU HAVING THIS STUDY DONE:

EPWORTH SLEEPINESS SCALE

Directions: Indicate what your **chances of dozing off** would be in each situation listed below.

0 = Never, 1 = Slight, 2 = Moderate, 3 = High

Situation:	0	1	2	3
Sitting & Reading	❑	❑	❑	❑
Watching TV	❑	❑	❑	❑
At a meeting, theater, church	❑	❑	❑	❑
As a passenger in a car	❑	❑	❑	❑

Situation:	0	1	2	3
Sitting & talking to someone	❑	❑	❑	❑
Sitting quietly after lunch	❑	❑	❑	❑
Lying down to rest in afternoon	❑	❑	❑	❑
In a car, stopped in traffic	❑	❑	❑	❑

SCORE:_____

FAMILY HISTORY:

	Yes	No
Sleep Apnea	❑	❑
Loud Snoring	❑	❑
Insomnia	❑	❑
Narcolepsy	❑	❑

SYMPTOMS - sleep apnea

	Yes	No
Loud Snoring	❑	❑
Pauses in Breathing	❑	❑
Gasping/Choking	❑	❑
Restless Sleep	❑	❑
Awaken Frequently	❑	❑
Arm/Leg Twitches	❑	❑
Frequent Need to Urinate	❑	❑
Night Sweats	❑	❑

SYMPTOMS – sleep deprivation

	Yes	No
Awaken Unrefreshed	❑	❑
Morning Headaches	❑	❑
Daytime Fatigue	❑	❑
Impotence (male only)	❑	❑
Irritability	❑	❑
Forgetfulness	❑	❑
Mood Swings	❑	❑
Anxiety/Depression	❑	❑
Decreased interest in Sex	❑	❑
Fatigue related accidents	❑	❑

MEDICATIONS (List all current medications below or attach printed list): ❑ No Medications

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Check all that apply:

HX GROUP I medical conditions

- ❑ under-active thyroid
- ❑ high blood pressure
- ❑ hormone imbalance
- ❑ pituitary problem
- ❑ past heart attack
- ❑ heart problems
- ❑ angina/chest pain
- ❑ sinus problems *
- ❑ chronic ear infections *
- ❑ lung surgery/radiation *
- ❑ menopause
- ❑ asthma
- ❑ emphysema *
- ❑ bronchitis *
- ❑ COPD *
- ❑ lung cancer *

HX GRP III neurological

- ❑ muscular dystrophy
- ❑ diabetes mellitus
- ❑ multiple sclerosis
- ❑ scoliosis
- ❑ poliomyelitis
- ❑ myasthenia gravis
- ❑ seizure disorder/epilepsy
- ❑ encephalitis
- ❑ serious spinal injury
- ❑ phrenic nerve lesion
- ❑ stroke
- ❑ brain tumor
- ❑ severe head injury/ MVA
- ❑ neck surgery

HX GROUP II other physical conditions

- ❑ use tranquilizers/sedatives
- ❑ use anti-depressants
- ❑ alcoholism
- ❑ overweight
- ❑ subject to excessive stress
- ❑ use over-the-counter sleep aids
- ❑ over-crowded/crooked teeth
- ❑ chronic swollen adenoids
- ❑ chronic tonsillitis
- ❑ deviated nasal septum
- ❑ large uvula
- ❑ large tongue
- ❑ collar size _____ inches

HX GROUP IV other medical conditions

- ❑ Kidney problems / disease
- ❑ Stomach / Intestinal illness
- ❑ Respiratory disease
- ❑ Chronic pain
- ❑ Fibromyalgia
- ❑ Frequent need to urinate at night

SOCIAL HISTORY

- ❑ Smoke: __ *cigs* __*pks* *per day*
- ❑ Caffeinated beverages:
  How many soft drinks per day ___
  How many cups coffee per day ___
- ❑ Alcoholic beverages
  How many drinks:
  per day ___, *per week* ___
- ❑ Drug problem/addiction

SLEEP ENVIRONMENT

	Yes	No
Do you have pets?	❑	❑
Do any pets sleep in the bedroom?	❑	❑
Do any pets make noise at night?	❑	❑
Do you sleep with the TV on?	❑	❑
Do you notice sounds that wake you?	❑	❑
Do you work different shifts?	❑	❑
Do you have more than one job?	❑	❑

What time do you normally go to bed?_____ **What time do you normally get up?**_____