

Dear Sleep Study Patient,

Attached is the patient questionnaire for your sleep study. Please complete and mail back or fax the enclosed forms as soon as possible to:

INOVA Fair Oaks Hospital
Sleep Disorder Program
3650 Joseph Siewick Drive, Suite 103
Fairfax, VA 22036

Fax Number: 703.391.3481
<http://www.inova.org>

Please include a copy (front and back) of your insurance cards, driver's license along with the Physician's order.

Once we receive the completed packet, we will be contacting you to begin the scheduling process. If you have any questions or concerns do not hesitate to contact me at 703.391.4000; Monday through Friday form 9:00am – 4:00pm.

Thank you for your cooperation in expediting this process.

Sincerely,

Samantha Linthicum
Patient Care Coordinator

EPWORTH SLEEPINESS SCALE (ESS)

The following questionnaire will help you measure your general level of daytime sleepiness. You are to rate the chance that you would *doze off or fall asleep* during different routine daytime situations. Answers to the questions are rated on a reliable scale called the Epworth Sleepiness Scale (ESS). Each item is rated from 0 to 3: with 0 meaning you would never *doze or fall asleep* in a given situation; and 3 meaning that there is a very high chance that you would *doze or fall asleep* in that situation.

How likely are you to *doze off or fall asleep* in the following situations, in contrast to just feeling tired? Even if you haven't done some of the activities recently, think about how they would have affected you.

Use this 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

It is important that you circle a number (0 to 3) for EACH situation.

SITUATION	CHANCE OF DOZING			
Sitting and Reading	0	1	2	3
Watching Television	0	1	2	3
Sitting inactive in a public place (theater/meeting)	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 (with no alcohol)	0	1	2	3
In a car, while stopped in traffic	0	1	2	3

TOTAL SCORE _____

Name: _____

Date: _____

Patient's Name: _____ Date of Birth: _____

Home Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: : (____) _____

Sex: M / F Age: _____ Height: _____ Weight: _____ lbs. Neck Size: _____

	<u>Y</u>	<u>N</u>	<u>Comments</u>
Do you snore?	<input type="radio"/>	<input type="radio"/>	_____
Does your Bed-partner say you snore:	<input type="radio"/>	<input type="radio"/>	_____
Do you stop breathing while you're asleep?	<input type="radio"/>	<input type="radio"/>	_____
Does your Bed-partner say you stop breathing?	<input type="radio"/>	<input type="radio"/>	_____
Are you sleepy during the day?	<input type="radio"/>	<input type="radio"/>	_____
Do you wake up with a headache?	<input type="radio"/>	<input type="radio"/>	_____
Do you Nap during the day?	<input type="radio"/>	<input type="radio"/>	_____
Any problems with sleepiness while driving?	<input type="radio"/>	<input type="radio"/>	_____
Do your legs move a lot when you sleep?	<input type="radio"/>	<input type="radio"/>	_____
Does your Bed-partner say your legs move:	<input type="radio"/>	<input type="radio"/>	_____
Do you act out while dreaming?	<input type="radio"/>	<input type="radio"/>	_____
Does your Bed-partner say you act out while dreaming:	<input type="radio"/>	<input type="radio"/>	_____

Have you ever had a prior sleep study? _____ If so, where and when did you have it? _____

Do you wear oxygen when you sleep? _____ Do you wear a CPAP/BIPAP? _____
If yes, at what setting? _____ If yes, at what setting? _____

What time do you go to bed? _____ What time do you normally wake up? _____

Do you have any medical conditions? _____ If yes, please list them: _____

Do you take any medications? _____ If yes, please list them with the dosage: _____

Inova Neurodiagnostic & Sleep Center
3650 Joseph Siewick Dr., Suite 103, Fairfax, Virginia 22033
Telephone #: 703-391-4000 / Fax #: 703-391-3481
Please return completed questionnaire