ENTICARE
Ear · Nose · Throat

CHANDLER LOCATION:
2051 W. Chandler Blvd., Ste. 5
Chandler, AZ 85224
P: 480-214-9000
F: 480-889-1859

CASA GRANDE LOCATION:
1968 N. Peart Rd., Ste. 20
Casa Grande, AZ 85122
P: 520-509-1331
F: 520-509-1417

SLEEP QUESTIONNAIRE

Name: _____ Date of Birth: _____

Height:_____ Weight: _____ PCP: _____

Signature: _____ Today's Date: _____

How long have you had a sleep problem:_____

What time do you normally go to bed: _____

What time do you normally get out of bed: _____

Do you have difficulty falling asleep: ❑ Yes ❑ No

Do you have difficulty staying asleep: ❑ Yes ❑ No

Do you take prescription or over-the-counter pills to help you fall asleep: ❑ Yes ❑ No

Do you get nasal congestion when you are in bed: ❑ Yes ❑ No

Do you feel refreshed when you get out of bed: ❑ Yes ❑ No

Do your sleeping habits affect your performance at work/school: ❑ Yes ❑ No

How many days a week do you take a nap:_____

How much caffeine do you drink per day:_____

Do you have difficulty with relaxing/mind racing when you are trying to sleep: ❑ Yes ❑ No

Do you have restlessness or twitching of your legs when you are sleeping: ❑ Yes ❑ No

Have you been told you sleep walk or have unusual sleep behavior: ❑ Yes ❑ No

Additional questions for children younger than 13:

Was the child premature or have abnormalities at birth: ❑ Yes ❑ No

Did the mother take any medications, smoke, use drugs or alcohol during pregnancy?: ❑ Yes ❑ No

Where and in what position does the child sleep at night?

_____

Does the child exhibit bed wetting, night sweats or night terrors: ❑ Yes ❑ No

Does the child use a special item that aids in their sleep: ❑ Yes ❑ No

THE EPWORTH SLEEPINESS SCALE

Use the scale to choose the most appropriate number for each situation and circle the correct one.

0 = Would Never Doze
1 = Slight Chance of Dozing
2 = Moderate Chance of Dozing
3 = High Chance of Dozing

SCENARIO	CHANCE OF DOZING
Sitting and reading	0 1 2 3
Watching television	0 1 2 3
Sitting inactive in public place, e.g., theater or 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 without alcohol	0 1 2 3
In a car, while stopped in a few minutes of traffic	0 1 2 3

HOW TO PREPARE FOR SLEEP STUDY:

Transportation to and from the sleep lab must be arranged prior to testing

Patient must bring someone that speaks English, if the patient does not.

A maximum of 1 person may accompany the patient.

Minors (less than 18 years of age) must have an adult accompany them for the duration of the study.

Prior arrangements must be made for service animals to accompany patient.

Avoid Lotions, nail polish, hair products to help prevent artifact in our recordings

Male facial hair and female leg hair must be neatly groomed or shaven to avoid artifacts.

Avoid caffeine or other stimulants the day of the study.

Avoid exercising or a full stomach right before the sleep study.

For children, a comfort item such as a stuffed animal, blanket or pillow is allowed.

The facility has Wi-Fi, TV and DVD players. The tech will monitor these to optimize sleep.

A shower is available, bring your own towel and personal toiletries if needed.

If you are on CPAP or other sleep device, please bring it with your to the study.