# Do You Need A Sleep Study?

*The Epworth Scale is one of the most widely used tools to check for daytime sleepiness. Your score on this test, as well as your answers to the questionnaire on the back, can help determine whether you need a formal overnight sleep study.*

## How likely are you to fall asleep during certain activities?

*Use the following scale of 0 to 3 to rate yourself then add the numbers for a total score.*

0 = Would never doze
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

| RATE YOURSELF HERE: | FOR THESES ACTIVITIES: |
|---|---|
| _____ | Reading |
| _____ | Watching TV |
| _____ | Sitting in a public place (theater, meeting) |
| _____ | As a passenger in a car without a break |
| _____ | Lying down to rest in the afternoon |
| _____ | Sitting and talking with someone |
| _____ | Sitting quietly after a lunch without alcohol |
| _____ | In a car while stopped in traffic for a few minutes |

**TOTAL SCORE:** _____

*Epworth scores of 10 or higher may be an indication of excessive daytime sleepiness. An overnight sleep study—called a nocturnal polysomnogram—can rule out an underlying sleep disorder. Talk to your doctor, or call us at* ***360-744-6812*** *for more information.*

HARRISON
MEDICAL CENTER

SLEEP DISORDERS CENTER
2520 Cherry Avenue, Bremerton, WA 98310 | 360-744-6812
www.harrisonmedical.org/sleep-center

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## Are you at risk for a sleep disorder?

1. Do you have high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know

2. Do you snore?

- ☐ Yes
- ☐ No
- ☐ Don't know

3. Your snoring is:

- ☐ Slighty louder than breathing
- ☐ As loud as talking
- ☐ Louder than talking
- ☐ Very loud—can be heard in adjacent rooms

4. How often do you snore?

- ☐ Nearly every day
- ☐ 3 to 4 times a week
- ☐ 1 to 2 times a week
- ☐ 1 to 2 times a month
- ☐ Never or nearly never

5. Does your snoring bother others?

- ☐ Yes
- ☐ No

6. Has anyone noticed that you quit breathing during your sleep?

- ☐ Nearly every day
- ☐ 3 to 4 times a week
- ☐ 1 to 2 times a week
- ☐ 1 to 2 times a month
- ☐ Never or nearly never

7. Have you ever nodded off or fallen asleep while driving a vehicle?

- ☐ Yes
- ☐ No

If yes, how often does this occur?

- ☐ Nearly every day
- ☐ 3 to 4 times a week

*Show your answers to your physician who can determine whether you are at risk for a sleep disorder and can prescribe a formal sleep study.*

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## When should you see a physician?

- If you are sleepy in the daytime after getting eight hours of sleep each night
- If you snore loudly, especially if you are told you stop breathing when you sleep
- If you have violent behaviors during your sleep
- If you are always sleepy and have had muscle weakness when you get emotional
- If you have ever had an auto accident or a near-miss accident because you were drowsy or fell asleep while driving

*If you feel you may need a sleep study, please call Harrison's Sleep Disorders Center at **360-744-6812**. We'll guide you and your physician through the referral process.*

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