



mana

medical associates

*Your Health. Our Priority.*

## Sleep Medicine

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### Sleep Apnea Quiz

Please Circle the numbers that apply:

1. I have been told that I snore.
2. I have been told that I stop breathing while I sleep, although I may not remember this while I am awake.
3. I feel sleepy during the day even though I slept through the night.
4. I have been told that I am a restless sleeper - that I toss and turn a lot.
5. I have high blood pressure.
6. I perspire at night.
7. I awaken at night.
8. I am overweight or am gaining weight.
9. I seem to be losing my sex drive.
10. I sleep with more than one pillow under my head.
11. I have trouble at work and/or school due to sleepiness.
12. I awake from sleep short of breath.

### Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Using the scale below please circle the most appropriate number for each situation.

- 0 - No chance of dozing
- 1 - Slight chance of dozing
- 2 - Moderate chance of dozing
- 3 - High chance of dozing

- |   |   |   |   |  |
|---|---|---|---|--|
| 0 | 1 | 2 | 3 | Sitting and Reading  |
| 0 | 1 | 2 | 3 | Watching TV  |
| 0 | 1 | 2 | 3 | Sitting inactive in a public place (i.e. theatre or meeting)   |
| 0 | 1 | 2 | 3 | As a passenger in a car for an hour without a break            |
| 0 | 1 | 2 | 3 | Laying down to rest in the afternoon when circumstances permit |
| 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 for a few minutes in traffic            |