

Sleep Problem Screening Tool for Adults

Answer Yes or No to the following questions by indicating 1 or 0 in the appropriate column.	Yes (1)	No (0)
Is your Epworth Sleepiness Scale (ESS) 9 or higher?		
Do you gasp, choke or stop breathing during your sleep?		
Do you snore loudly, have high blood pressure or are you overweight?		
Do you feel creepy crawling sensation in your legs when lying down?		
Do you feel tired and sleepy while driving?		
Do your arms or legs jerk or twitch during sleep?		
Do you wake up more than once per night?		
Do you frequently wake up with a headache, sore throat, or feel tired and lethargic after sleeping?		
Do you find it hard to fall asleep 3 or more times per week?		
Do you wake up before your alarm and feel frustrated because you can't get back to sleep?		
Do you have nightmares 1 or more times per week?		
As you fall asleep or wake up do you ever feel paralyzed?		
Do you regularly take something to help you fall asleep? (e.g., OTC, herbal, prescription, alcohol)		
Do you sleep less than 6 hours or more than 9 hours per day?		
Total Yes		

Should you seek help for your sleep?

Score	What To Do
1 - 2	Speak to your medical doctor about your Yes answers on your next visit.
3 - 6	Make an appointment with your medical doctor in the next month to discuss your Yes answers.
7 - 14	Make an appointment with your medical doctor within the next week to discuss a referral to a sleep clinic. If your medical doctor does not refer you to a sleep clinic, change doctors immediately and repeat this step.

Note that the Sleep Problem Screening Tool for Adults is for educational purposes only and cannot diagnose a sleep disorder or replace the services of a qualified health practitioner.

THE EPWORTH SLEEPINESS SCALE

Name:

Date:

Rate how likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired. This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out the likelihood you would doze off in each situation. Use the following scale to choose 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

SITUATION

CHANCE OF DOZING

Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g., a theatre or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

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Scoring Key

Check your total score to see how sleepy you are.

THE EPWORTH SLEEPINESS SCALE KEY

- | | |
|----------|--|
| 1 - 6 | Congratulations, you are getting enough sleep! |
| 7 - 8 | Your score is average. |
| 9 and up | Seek the advice of a sleep specialist without delay! |

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