

Sleep for Life®



Somerset
MEDICAL CENTER

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Do You Have a Sleep Disorder?

A score of 10 or more on the Epworth Sleepiness Scale or yes to certain questions on the Sleep Apnea Test (see criteria below) indicates that you are at high risk for a sleep disorder and should be evaluated.

Epworth Sleepiness Scale

Enter a number from 0-3 for questions A through H.

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

Question 1: How likely are you to doze or fall asleep in the following situations?

- A. Sitting and reading _____
- B. Watching TV _____
- C. Sitting, inactive in a public place (e.g. a theater or meeting) _____
- D. As a passenger in a car for an hour without a break _____
- E. Lying down to rest in the afternoon _____
- F. Sitting and talking to someone _____
- G. Sitting quietly after lunch without alcohol _____
- H. In a car, while stopping for a few minutes in the traffic _____

Total: _____
(10 or more implies
excessive sleepiness)

Sleep Apnea Test

Question 2: Do you stop breathing while sleeping? Yes/No

If you answered yes to this question, you need to be evaluated for a sleep disorder.

Question 3: Wake up choking or gasping? Yes/No

If you answered yes to this question, you need to be evaluated for a sleep disorder.

Question 4: Do you have any of the following medical conditions?

- Atrial fibrillation
- Hypertension
- Stroke
- Congestive Heart Failure
- Heart Attack

AND

- You snore while sleeping
- Men – Is your neck size greater than 17 inches
- Women – Is your neck size greater than 15 ½ inches

Then answer to question 4 is “YES”