NOCTURNA
State of the art sleep care
Sleep better, live longer.℠

Sleep Study Pre-Screening
&
Epworth Sleepiness Scale

First Name:				DOB:	
Last Name:				WEIGHT	
Have you been diagnosed or treated for any of the following conditions?					
High Blood Pressure	☐Yes	☐No	Heart Disease (CHF)	☐Yes	☐No
Diabetes	☐Yes	☐No	Lung Disease (COPD)	☐Yes	☐No
Insomnia	☐Yes	☐No	Narcolepsy	☐Yes	☐No
Morning Headaches	☐Yes	☐No	Stroke	☐Yes	☐No
Depression	☐Yes	☐No	Sleep Apnea	☐Yes	☐No
Nasal Oxygen Use	☐Yes	☐No	Restless Leg Syndrome	☐Yes	☐No
Sleeping Medication	☐Yes	☐No	Pain Meds	☐Yes	☐No

Sleep Questions:		
Do you snore?	☐Yes	☐No
Is your snoring interrupted by pauses or choking?	☐Yes	☐No
Has anyone ever said that you stop breathing during your sleep? (witnessed apnea)	☐Yes	☐No
Do you have problems keeping your legs still at night or need to move them to feel comfortable?	☐Yes	☐No
How many hours of sleep do you usually get per night?	☐2-4 ☐5 ☐6 ☐7 ☐8 ☐9+	
Do you experience excessive daytime sleepiness, fatigued, exhausted or tired?	☐Yes	☐No
Do you feel that in some way your sleep is not refreshing or restful?	☐Yes	☐No
Do you have periods of the day when you have trouble paying attention, remembering things or staying awake?	☐Yes	☐No

Epworth Sleepiness Scale (ESS):				
Sitting and Reading?	☐0	☐1	☐2	☐3
Watching TV?	☐0	☐1	☐2	☐3
Sitting inactive in a public place (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 when possible?	☐0	☐1	☐2	☐3
Sitting and talking to someone?	☐0	☐1	☐2	☐3
Sitting quietly after a lunch without alcohol?	☐0	☐1	☐2	☐3
In a car, while stopped for a few minutes at a traffic light?	☐0	☐1	☐2	☐3
TOTAL ESS SCORE ☐0-7 Normal, ☐8-9 Mild, ☐10-14 Moderate, ☐>15 High				