



**EAR • NOSE • THROAT**  
*& Plastic Surgery Specialists*

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**BOARD CERTIFICATION**  
Otolaryngology  
Facial Plastic Surgery  
Sleep Medicine

**SLEEP SCREENING QUESTIONNAIRE**

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**EPWORTH SLEEPINESS SCALE**

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 how they would have affected you. Please check one box per line.

**---CHANCE OF DOZING OFF---**

Never Slight Moderate High

- Sitting and reading
- Watching TV
- Sitting, inactive in a public place (example, a theater 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 lunch without alcohol
- In a car, while stopped for a few minutes in traffic

**BRIEF SLEEP SYMPTOM CHECKLIST** (Please check the boxes that best describes you)

- I snore loudly
- I awaken gasping or choking for breath
- I awaken in the morning unrefreshed
- I have problems falling asleep or staying asleep (insomnia)
- My sleep is very restless
- My sleep is disturbed by unusual behaviors (for example: nightmares, sleepwalking, dream enactments, tongue biting, bedwetting... etc.)
- I fall asleep while driving
- I've been told that I stop breathing in my sleep (told by \_\_\_\_\_)

**SLEEP SCHEDULE** (Please provide the following information)

What time do you go to bed on WEEKDAYS? \_\_\_\_ AM or PM      Do you Nap \_\_\_\_ Yes \_\_\_\_ No  
 What time do you get up on WEEKDAYS? \_\_\_\_ AM or PM      How often do you nap \_\_\_\_ times per week  
 What time do you get to bed on WEEKENDS? \_\_\_\_ AM or PM      How long are your naps? \_\_\_\_ minutes  
 What time do you get up on WEEKENDS? \_\_\_\_ AM or PM      Do you awaken refreshed? \_\_\_\_ Yes \_\_\_\_ No

Are you a shift worker? **(Yes) (No)** What kind of shift work? \_\_\_\_\_

\_\_\_\_ How many motor vehicle accidents in the past 10 years?  
 \_\_\_\_ How many times do you awaken during the night to urinate?