St. Francis
SLEEP ALLERGY & LUNG INSTITUTE

Frank Averill, M.D., J.D.
& Associates
802 North Belcher Road
Clearwater, FL 33765

Phone 727-447-3000
Fax 727-210-4600
www.StFrancisMed.com

Giving of ourselves… so you receive…the best care.

Sleep Questionnaire

Risk Factors (Please check all that apply):

☐ Daytime Tiredness	☐ Irritability	☐ Morning Headaches	☐ Daytime Sleepiness
☐ "Nodding Off"	☐ Weight Issues	☐ Mood Disorder	☐ Chronic Fatigue Syndrome
☐ Diabetes	☐ High Blood Pressure	☐ Kidney Disease	☐ Heart Disease
☐ Stroke	☐ Obesity/Bariatric Surgery	☐ Fibromyalgia	☐ Difficulty Falling/Staying Asleep
☐ Obesity	☐ Restless Legs/Leg Cramps	☐ Attention Deficit Disorder	☐ Reduced/Poor Concentration
☐ Night Terrors	☐ Sleep Talking/Walking	☐ Night Eating	☐ Sexual Dysfunction
☐ Restless Sleep	☐ Frequent Nighttime Urination	☐ Depression	☐ Accident Prone
☐ Nighttime Shift Worker	☐ Snoring	☐ Insomnia	☐ Neck: >16" female; >17" male

Epworth Scale:

Situation	Chance of dozing (0-3)
Sitting and reading	0 1 2 3
Watching television	0 1 2 3
Sitting inactive in a public place – (for example, a 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	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after lunch (when you've had no alcohol)	0 1 2 3
In a car, while stopped in traffic	0 1 2 3
	Total Score:

Chance of Dozing:

How likely are you to doze off or fall asleep in the following routine daytime situations? (This refers to your usual way of life in recent times)

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

If you checked any of the above risk factors and/or scored 10 or greater on the Epworth Scale, it is recommended that you have a sleep evaluation.

Name:_____Date:_____

Phone:_____Email:_____

Address:_____

_____

Physician's office that questionnaire was completed in (referring physician):_____

RC_____