**Anti-Aging & Wellness Center (Bakersfield)**
Shivinder S. Deol MD
4000 Stockdale Hwy, Ste D
Bakersfield, CA 93309
o: 661-325-7452 f: 661-325-7456
www.antiagingwellnesscenter.com
support@antiagingwellnesscenter.com

**Anti-Aging & Wellness Center (Tehachapi)**
Dr. Valerie Phillips ND
276 S. Mill Street, Ste C
Tehachapi, CA 93561
o: 661-822-5811 f: 661-822-5828
www.comhrehensivecareforwomen.com
support@comprehensivecareforwomen.com

## SLEEP QUESTIONAIRE

**Please check yes to those that apply**

| | |
|---|---|
| Are you sleepy, tired, or exhausted during the day? | □Yes □No |
| Have you been told that you snore or that your breathing is interrupted while you sleep? | □Yes □No |
| Do you have a weight problem? | □Yes □No |
| Do you awaken in the morning without feeling refreshed? | □Yes □No |
| Have you been diagnosed with hypertension, diabetes, or depression? | □Yes □No |
| Do you awaken at night or in the morning with headaches? | □Yes □No |
| Do your legs jerks frequently or feel uncomfortable or restless before during sleep? | □Yes □No |
| Have you experienced memory loss? | □Yes □No |
| Does your heart beating irregularly race at night? | □Yes □No |
| Do you ever experience sleep paralysis before falling asleep or after awakening? | □Yes □No |
| Do you experience hallucinations before falling asleep after awakening? | □Yes □No |
| Are you suffering from sexual dysfunction? | □Yes □No |

## THE EPWORTH SLEEPINESS SCALE (ESS)

**Check the appropriate boxes to indicate the chance of dozing or feeling very sleepy**

| **Situation** | **Chance of Dozing** | | | |
|---|---|---|---|---|
| | Never (0) | Slight (1) | Moderate (2) | High (3) |
| Sitting and reading | □ | □ | □ | □ |
| Watching TV | □ | □ | □ | □ |
| Sitting, inactive in a public place (i.e., movie theater) | □ | □ | □ | □ |
| Sitting and talking to someone after lunch | □ | □ | □ | □ |
| As a passenger for an hour without a break | □ | □ | □ | □ |
| In a car, while stopped for a few minutes in traffic | □ | □ | □ | □ |
| Driving a vehicle for two or more hours | □ | □ | □ | □ |
| Lying down to rest in the afternoon when possible | □ | □ | □ | □ |

*A score of 10 or more is considered sleepy. A score of 18 or more is very sleepy. If the total score of the ESS is 10 or more, then the patient may be suffering from a sleep disorder, and a sleep study is warranted.*

Total Score: _____