



# GANDHI NEUROLOGY & SLEEP CLINIC

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## Sleep Assessment

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Please check one?

1. Do you snore at night?  Yes  No  Occasionally
2. Has someone witnessed pauses in breathing while asleep?  Yes  No  Occasionally
3. Do you have difficulty falling asleep?  Yes  No  Occasionally
4. Do you have difficulty maintaining sleep?  Yes  No  Occasionally
5. Experienced a restless sensation in legs while lying awake in bed?  
 Yes  No  Occasionally
6. Kicking and twitching movements while asleep?  Yes  No  Occasionally
7. Experience excessive daytime tiredness?  Yes  No  Occasionally
8. Have you ever awakened feeling paralyzed?  Yes  No  Occasionally
9. Experienced a sudden loss of strength in your arms or legs?  Yes  No  Occasionally
10. If the previous answer is yes, were these events brought on by a sudden frightening event or laughter?  Yes  No  Occasionally

**Epworth-** According to the following scale choose the appropriate number value to present how likely you are to fall asleep during the day in the following situations.

0- Never      1- Slight Chance      2-Moderate      3-Always

1. Sitting and reading?  0  1  2  3
2. Watching TV?  0  1  2  3
3. Sitting, inactive in a public place (movie theater, meeting, etc.)?  0  1  2  3
4. As a passenger in a car for an hour without a break?  0  1  2  3
5. Lying down to rest in the afternoon when circumstances permit?  0  1  2  3
6. Sitting and talking to someone?  0  1  2  3
7. Sitting quietly after lunch without alcohol?  0  1  2  3
8. In a car, while stopped for a few minutes in traffic?  0  1  2  3

### Stobang

1. Do you snore loudly (louder than talking/ loud enough to be heard through closed doors)?  
 Yes  No
2. Do you often feel tired, fatigued, or sleepy during the daytime?  Yes  No
3. Has anyone observed you stop breathing during your sleep?  Yes  No
4. Do you have or are you being treated for high blood pressure?  Yes  No
5. BMI is more than 35 kg/m<sup>2</sup>?  Yes  No
6. Age over 50 years old?  Yes  No
7. Neck circumference >16 inches (40 cm)?  Yes  No
8. Gender: Male?  Yes  No

### Kemp Single Item Quality of Life (QoL)

One (1) means life is very distressing; Seven (7) means life is great; Four (4) means life is so-so  
Now, where are you, please check the box below that best describes your current overall QoL.

0  1  2  3  4  5  6  7