The Farm: Wellness Club & MedSpa, LLC

**Sleep Study Questionnaire**

* Snoring
* Apneic episodes at night
* Anxiety or Depression
* High blood pressure
* Restless sleep pattern
* Decreased libido
* Trouble concentrating or forgetfulness
* Short temper or Irritability
* Fatigue
* Decreased energy
* Diabetic
* Morning HA
* Falling asleep at inappropriate times

**Epworth Sleepiness Scale**

**SCALE** 0 – NO CHANCE OF DOZING 1-SLIGHT 2-MOD 3-HIGH

**HOW OFTEN DO YOU DOZE?**

Sitting and reading 0 1 2 3

Watching TV 0 1 2 3

Sitting in a public inactive place (theatre or meeting) 0 1 2 3

Riding in a car for an hr w/o a break (as a passenger) 0 1 2 3

Lying down in afternoon, when circumstances permit 0 1 2 3

Sitting and talking to someone 0 1 2 3

Sitting quietly after lunch without alcohol 0 1 2 3

Stopped in traffic for a few minutes 0 1 2 3

**TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**