## MidState PULMONARY

# SLEEP CLINIC FOLLOW-UP DR. RICHARD TYSON

#### Patient Name:

### Thank you for visiting the clinic today. Please answer the questions below. Thank you.

Who referred you to see Dr.Tyson?

Who is your primary care provider?

What time do you usually get into bed?

How long does it usually take you to fall asleep?

How many times do you typically wake up between bedtime and getting out of bed in the morning?

What time do you usually get out of bed?

Do you usually feel rested when you wake up in the morning? \_\_\_\_\_

Do you experience morning headaches?\_\_\_\_\_

### **EPWORTH SLEEPINESS SCALE:** How likely is it that you would doze off or sleep in the following situations? **0** = never **1** = slight chance. **2** = moderate chance **3** = high chance

		ZING OR SLE				
Sitting and reading	0 1	2 3				
Watching TV	0 1	2 3				
Sitting inactive in a public place	0 1	2 3				
Being a passenger in a motor vehicle for an hour or more	0 1	2 3				
Lying down in the afternoon	0 1	2 3				
Sitting and talking to someone	0 1	2 3				
Sitting quietly after lunch (no alcohol)	0 1	2 3				
Stopped for a few minutes in traffic while driving	0 1	2 3				
Total score (add up the scores). This is your Epworth score:						
Do you nap? 🗌 Y 🗌 N						
Do you work shifts?  Y N If yes, please describe:						
Do you smoke?	, for how many years	s?				
Do you drink caffeinated beverages?  Y N If yes, how many	per day?					
Do you drink alcohol?						
Do you take any prescription or over the counter <b>sleep</b> medicines?						
DR. TYSO	N'S NOTES:					
DME: Aerocare Medical Necessities Apria Other:	A	\HI:		DL:		
PAP helping?						
PAP helping? Changes to PMHx/SocHx/FmHx since last visit:						
PAP helping? Changes to PMHx/SocHx/FmHx since last visit: Assessment:		_ Schedule:	HSAT	PSG	Split	MSLT
PAP helping? Changes to PMHx/SocHx/FmHx since last visit: Assessment: Plan:	Sleep Hygiene:	_ Schedule:	HSAT	PSG	Split	MSLT