# SCREENING QUESTIONS - SLEEP HISTORY & PHYSICAL

**CHIEF COMPLAINT**: As you already know, it is the reason for the patient to be evaluated, usually in their own words.

**HISTORY OF PRESENT ILLNESS**: Just as in non-sleep related symptoms, you should describe their sleep symptoms in the context of the seven qualities of the symptoms, including:

- 1. location of the symptoms
- 2. quality of the symptoms
- 3. quantity or severity of the symptoms
- 4. timing (ie. onset, duration, frequency) of symptoms
- 5. setting in which symptoms occur
- 6. factors that aggravate or relieve symptoms
- 7. associated manifestations

In addition there are other significant aspects. These include: (A) the patient's bedmate's main complaint; (B) also indicate whether the patient estimates this problem to be mildly upsetting, moderately severe, or totally incapacitating, and how strongly do they want help with this problem.

The following are a series of screening questions that may help you determine the underlying cause of the patient's sleep disorder:

# 1). Screening questions for SLEEP APNEA:

- A. Snoring: get quantitative measures. Are they heard outside the bedroom? Is it worse on their back or on their side? Do others complain about their snoring? How many nights per weeks does it occur?
- B. Has anyone witnessed the patient during an apneic event? (Have they been told that they stop breathing during sleep, or is there a silent period when there is no longer snoring followed by a loud snort or a body jerk?) If so, how often?
- C. Ask whether they awaken from sleep short of breath or with a feeling of being choked.
- D. Do they have nocturnal diaphoresis?
- E. Do they have a morning headache? If so, quantitate, and find out how long it lasts. Where is it located?
- F. Do they have multiple nocturnal awakenings? (What wakes them up, when, how many times a night?)
- G. Get a record of their weight gain or loss over their lifetime as well as their neck collar size in inches. Also ask them their height.
- H. Try to quantitate daytime sleepiness: (1) Do they fall asleep before noon if they are not active? (2) Do they fall asleep during active tasks before noon? (3) Do they expe-

rience sleepiness after lunch? (4) Do they fall asleep during the afternoon if they are not active? (5) Do they fall asleep during active tasks in the afternoon? (6) Do they fall asleep while driving? (7) Do they have trouble falling asleep during school or work? (8) Do they take naps upon arrival home from work? It is important to quantitate what activities they are doing when they fall asleep—for instance, watching television.

Below are three subjective scales to quantitate daytime sleepiness including the Epworth Sleepiness Scale, the Stanford Sleepiness Scale, and the Analog Scale of Well Being:

#### 2). SUBJECTIVE MEASURES OF SLEEPINESS

### a). EPWORTH SLEEPINESS SCALE.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired. Use the following scale and indicate the most appropriate number for each situation:

0 =would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

Situation	<b>Chances of Dozing</b>
· Sitting and reading	
· Watching TV	
· Sitting, inactive in a public	
place (ex: theatre or meeting)	
· As a passenger in a car for	
an hour without a break	
· Lying down to rest in the	
afternoon when circumstances	permit
· Sitting and talking with someone	- } 
· Sitting quietly after a lunch with	out
alcohol	
· In a car, while stopped for a few	
minutes in the traffic	
TOTAL (Range 0-24)	

## b). STANFORD SLEEPINESS SCALE.

Circle the ONE number that best describes your level of alertness or sleepiness RIGHT NOW.

- Wide awake, fully awake, functioning at high level; head clear.
- 2. Functioning at a high level, but not at peak; able to concentrate.
- 3. Relaxed; awake; not at full alertness; responsive.
- 4. A little groggy; clearly not at peak; let down.

- 5. Fogginess; beginning to lose interest in remaining awake; slowed down.
- 6. Sleepiness; prefer to be lying down; fighting sleep, woozy.
- Almost in reverie; sleep onset soon; lost struggle to remain awake.

# c). VISUALANALOG SCALE (VAS) OF ALERTNESS AND WELL-BEING.

How alert do you feel?

Very sleepy	Very alert
How good do you feel?	
Very bad	Very good

- 3). Screening questions for **NARCOLEPSY** includes the uncomfortable urge to sleep during the day, especially during emotional events (feeling happy, sad, or mad).
  - A. Do you feel your knees buckle or, your arms feel weak, or jaw drop when you are happy or sad? (cataplexy).
  - B. Do you experience vivid dream-like episodes or scenes upon awakening or falling asleep that you can't tell whether they are real or not? (hypnagogic hallucinations)
  - C. Do you feel paralyzed when waking or falling asleep? (sleep paralysis).
  - D. Do you have automatic behavior? For instance, while driving do you have periods when you go past certain exits and you are uncertain whether you've done something only to find out that it was already done, or find yourself in places where you are not sure where you should be at?
  - E. Do you have a history of head trauma or loss of consciousness?
- Screening questions for PERIODIC LEG MOVEMENTS OF SLEEP.
  - A. Do you have leg cramps at bedtime?
  - B. Do you experience crawling and achy feelings in your legs during the day or night which makes you want to move them or walk them?
  - C. Do you notice that these achy feelings in your legs are worse at night time?
  - E. Have you been told that your legs or arms move every 20 seconds or so during the night?

- F. Are your bedcovers in total disarray in the morning?
- G. Have you ever awakened suddenly with a jerk after falling asleep?
- 5). Screening questions for **PARASOMNIAS** (or things that go "bump" in the night including REM behavior disorder and include disorders of sleep walking or sleep talking).
  - A. Do you remember your dreams?
  - B. Do you have nightmares?
  - C. Are you told that you act out your dreams in nightmares by swinging your arms, legs, or by moving or yelling? If so, do they occur early or late during the sleep period?
  - D. Have you hurt yourself or anyone else associated with these movements during the night?
  - E. Have you been told that you sleepwalk?
  - F. Do you sleep talk, and if so, can you be understood? Can people understand what you are saying? Also, if these events occur, do they occur in the first third of the night or in the latter third of the night?
  - G. Have you been told that you arouse from sleep totally confused or are inconsolable?
  - H. Have you awakened feeling panicked with your heart beating uncontrollably?
  - I. Have you experienced uncoltrolled urination in your sleep either as a child or as an adult?
  - J. Do you have a history of seizures?
- 6). Screening questions for INSOMNIA.
  - A. Are you unable to fall asleep in 15 minutes or less?
  - B. Do you wake up several times during the night and cannot get back to sleep?
  - C. Do you wake up one or two hours early in the morning?
  - D. Do you have thoughts racing through your mind while trying to fall asleep?
  - E. Do you watch a clock while trying to sleep?
  - F. Do you have anxiety which keeps you from sleeping?

- G. Do you have muscle tension which can disrupt sleep onset?
- H. Are you bothered by pain during the day or at night?
- I. Do you wake up feeling stiff in the morning or have sore, achy muscles?
- 6). Screening questions for BRUXISM.
  - A. Do you have morning jaw pain?
  - B. Do you grind your teeth during sleep?
- 7). SLEEP HYGIENE: It is also important to look at sleep hygiene issues. Ask them what time they go to bed and what time they usually awaken during the weekends as well as during the weekday. See if the time remains constant or not.
- 8). **NOCTURNAL AWAKENINGS:** How many times do you wake up during your sleep, and if so, what part of the night is it, and what are the usual causes—to urinate, shortness of breath, heartburn, body-jerking, or not sure?
- 9). WORK SCHEDULE: Are they shift workers? Do they work swing shifts at work which means that their shift changes from one week to the next. Also, ask about experiences with travel especially jet lag, especially after traveling eastwardly.
- 10). **CIRCADIAN RHYTHM:** Ask them if they have trouble waking up in the morning and would rather stay up later (ie. 2-3 am) and sleep in until noon (Delayed Sleep Phase—more common in adolescents). Ask if they go to bed at 8 pm only to find out that they wake up at 3 am (Advanced Phase Syndrome—more common in the elderly).
- MEDICATIONS: Ask what medications they are taking or what surgeries have been done to try to help their sleep problem.
- 12). **FAMILY HISTORY:** Be sure to get a family history since narcolepsy runs in families.

#### 13). **HABITS**:

- A. Caffeine consumption—quantity per day, and at what times they are consumed.
- B. Alcohol use—amount, and how long before bedtime.
- C. Smoking habits—how many packs per day, over how many years.

**PAST MEDICAL HISTORY:** This is similar to what you've done with other workups as is the other health review of systems.

**MEDICATIONS:** Please also include over-the-counter and herbal remedies.

#### **ALLERGIES:**

**REVIEW OF SYSTEMS:** The same as you are currently using.

PHYSICAL EXAM: Includes not only weight but height so you can derive a body mass index (BMI), and also neck collar size (circumference) in centimeters is important. Also pay particular attention to the head and neck exam looking at their nasal pharynyx, making sure they don't have nasopharyngeal edema, turbinate hypertrophy, or deviated nasal septum which could obstruct their upper airway. On the oropharyngeal exam be sure you look at their dentition. Also look at the anatomy of their maxilla and mandible. Do they have retroagnathia? Do they have a thick tongue? Also look at their anterior and posterior tonsillar pillars and their soft palate and uvula to see if they have significant retropalatal obstruction with a narrow airway. Also examine their neck very carefully. Otherwise, pay particular attention to cardiac, pulmonary, and neurological exams.