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Questionnaire for overnight sleep study

Respiratory Physiology Unit

Information for Patients

Last reviewed: April 2023
Updated: April 2024
Next review: April 2026
Leaflet number: 833 Version: 3.1

Date of study:	
Patient name:	
Date of birth:	
S Number:	
Patient height:	
Patient weight:	
Type of sleep study monitor:	
Monitor number:	
Consultant:	
Physiologist issuing:	
Downloaded by:	

Sleep study monitor

You have been given a sleep study monitor so we can assess your breathing while you are asleep. You will have been shown how to put the monitor on at bedtime. When you wake up in the morning, take the monitor and sensors off and put them in the bag/ box provided and return to the Respiratory Physiology Unit.

Please also provide information in this leaflet about your night's sleep and fill in the questionnaires about your symptoms.

Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Information you will need to record

It is very important that we know exactly what the conditions are like during the sleep study, and when you are actually asleep. Please fill in the information below telling us about what happened while you were wearing the monitor.

Time you put the monitor on: …….

Approximate time you went to sleep: …….

Approximate time you woke up: …….

Comment on your night's sleep i.e. did you sleep well while wearing the monitor? Were there any times when you were awake during the night for longer than a few minutes?

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Conditions while using the monitor		
Did you use additional oxygen?	Yes / No	If yes, how much?..... l/min
Did you use a CPAP machine?	Yes / No	If yes, what pressure?..... cmH2O
Did you use a ventilator?	Yes / No	If yes, what pressure?..... cmH2O

It is very important that we know the following information:

Do you currently drive? Yes / No (please circle)

If yes, is this for work (business) or leisure? ……..

If you drive as part of your job, please state which type of vehicle you drive:

……

……

Questionnaires

Please fill in the following questionnaires so we know your symptoms at the time of the sleep study. Please answer all these questions thinking about how you feel most recently.

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep during the following situations, not just feeling tired?

For each of the situations below, give yourself a score of 0 to 3 where:

0 = would **never** doze

1 = a **slight** chance of dozing

2 = a **moderate** chance of dozing

3 = a **high** chance of dozing

If you have not been in the following situations recently, think about how you would have been affected.

Situation	Epworth score
1. Lying down to rest in the afternoon	
2. In a car while stopped in traffic	
3. Sitting, reading or writing	
4. Watching television	
5. Sitting inactive in a public place (e.g. theatre, café)	
6. As a passenger in a car for long journeys	
7. Sitting and talking to someone	
8. Sitting quietly after lunch (without alcohol)	
Total	

Berlin Questionnaire

Please choose the most accurate answer to each question, about how you feel most recently. Place a tick or cross against your answer.

Section 1:

1.	Do you snore?
	A. Yes
	B. No
	C. Don't know

2.	If you snore, your snoring is:
	A. Louder than breathing
	B. As loud as talking
	C. Louder than talking
	D. Very loud, can be heard in the next room

3.	How often do you snore?
	A. Nearly every day
	B. 3 to 4 times a week
	C. 1 to 2 times a week
	D. 1 to 2 times a month
	E. Never or nearly never

4.	Has your snoring ever bothered other people?
	A. Yes
	B. No
	C. Don't know

5.	Has anyone noticed that you stop breathing during your sleep?
	A. Nearly every day
	B. 3 to 4 times a week
	C. 1 to 2 times a week
	D. 1 to 2 times a month
	E. Never or nearly never

Section 2:

Please choose the most accurate answer to each question, about how you feel most recently.

6.	How often do you feel tired or fatigued after your sleep?
	A. Nearly every day
	B. 3 to 4 times a week
	C. 1 to 2 times a week
	D. 1 to 2 times a month
	E. Never or nearly never

7.	During your waking time, do you ever feel tired or fatigued?
	A. Nearly every day
	B. 3 to 4 times a week
	C. 1 to 2 times a week
	D. 1 to 2 times a month
	E. Never or nearly never

8.	Has your snoring ever bothered other people?
	A. Yes
	B. No

9.	If yes, how often does this happen?
	A. Nearly every day
	B. 3 to 4 times a week
	C. 1 to 2 times a week
	D. 1 to 2 times a month
	E. Never or nearly never

Section 3:

10.	Do you have high blood pressure?
	A. Yes
	B. No

11.	If you know your BMI (body mass index), please write it here:
BMI =	

Questionnaire for anyone who has seen you sleeping

If anyone has seen you sleeping recently, for example, someone who shares the same room as you, we would like them to answer the questions below. Please ask them to comment on how you have been sleeping over the last couple of weeks only.

Please circle the correct answer:

1.	Do they snore loudly in their sleep?	Yes / No
2.	Is the snoring loud enough to wake you up at night?	Yes / No
3.	Has the noise been so bad that you have had to sleep in another room?	Yes / No
4.	Do they stop breathing during their sleep?	Yes / No
5.	Can you guess how many times they stop breathing during an average night?	1 to10 11 to 20 More than 20
6.	Have you ever felt that you have needed to wake them up to see if they are alright?	Yes / No
7.	Are they very restless in their sleep?	Yes / No
8.	Has their personality changed recently? If so, in what way? …… ……	Yes / No
9.	Do they fall asleep during the day?	Yes / No
10.	Have they ever fallen asleep while driving a car?	Yes / No

Any other comments: ……

……..

……..

Contact details

Respiratory Physiology Unit: 0116 258 3419 or 0116 258 3420

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

LEICESTER'S RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement