

Submitted by Phreesia ()
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Phreesia, Phreesia
Jun 20, 2017

DOB: 10/05/1957
 Age: 59
 Gender: Female

EPWORTH RESULTS



Date of Visit: 6/20/2017 1:26 PM

Epworth Sleepiness Scale Results [⚠]	Normal Range (6)			
Epworth Sleepiness Scale				
Questions - Epworth Sleepiness Scale [⚠]				
	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a passenger in a car for an hour without a break	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting and talking to someone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting quietly after a lunch without alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
In a car, while stopped for a few minutes in the traffic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting and reading [⚠]	Slight chance of dozing (1)			
Watching TV [⚠]	Slight chance of dozing (1)			
Sitting in a public place [⚠]	Would never doze (0)			
Passenger in a car [⚠]	Would never doze (0)			
Lying down in afternoon [⚠]	Moderate chance of dozing (2)			
Sitting and talking [⚠]	No chance of dozing (0)			
Sitting at lunch [⚠]	Moderate chance of dozing (2)			
In traffic [⚠]	Would never doze (0)			
Epworth Sleepiness Scale Results [⚠]	Normal Range (6)			

Epworth FollowUp			
Snoring Confirmation [⚠]	Yes	Kick or Jerk Confirmation [⚠]	Yes
Choking or Gasping Confirmation [⚠]	No	Leg Jerks While Awake [⚠]	No
Stop Breathing Confirmation [⚠]	No	Creepy Crawly Sensation [⚠]	Yes
Sleep Experiences [⚠]		Unable to Move Sensation [⚠]	Yes
	Yes No	Tired When Wake Up [⚠]	No
Talking while asleep	<input checked="" type="checkbox"/> <input type="checkbox"/>	Restless Sleep [⚠]	Yes
Walking while asleep	<input type="checkbox"/> <input checked="" type="checkbox"/>	Unable to Return to Sleep [⚠]	No
Acting out dreams	<input checked="" type="checkbox"/> <input type="checkbox"/>	Illusion Waking or Falling Asleep [⚠]	No
Sleep terrors/nightmares	<input checked="" type="checkbox"/> <input type="checkbox"/>		
Rocking to sleep	<input type="checkbox"/> <input checked="" type="checkbox"/>		
Bed wetting	<input type="checkbox"/> <input checked="" type="checkbox"/>		
Teeth grinding	<input type="checkbox"/> <input checked="" type="checkbox"/>		