Sleep assessment

The first step in dealing with a sleep problem is an accurate assessment of its nature, severity and causes. Only then can a diagnosis be made and appropriate treatment implemented. To help this process, two assessment tools have been included in this factsheet.

1. Epworth Sleepiness Scale (ESS)
2. Assessment Flow Chart and Symptoms / Management Table

Epworth Sleepiness Scale (ESS)

(To be used for patients not on sleep medication to determine impact on daytime functioning. To be completed with a health professional).

The ESS is a questionnaire that subjectively measures the patient’s daytime sleepiness.

Score indicator:
- 0-4 more alert than normal, common with insomnia
- 5-9 normal range of sleepiness
- >10 excessive daytime sleepiness, possible underlying medical condition.

The patient needs to consider the following when answering the ESS questions.
- How likely are you to doze off in the following situations, rather than just feeling tired or fatigued?
- If you have not done these things recently, think about how they have affected you in the past.

ESS Questionnaire

Using the following scale, choose 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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Chance of dozing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting and reading</td>
<td></td>
</tr>
<tr>
<td>Watching TV</td>
<td></td>
</tr>
<tr>
<td>Sitting inactive in a public place (e.g. a theatre or a meeting)</td>
<td></td>
</tr>
<tr>
<td>As a passenger in a car for an hour without a break</td>
<td></td>
</tr>
<tr>
<td>Lying down to rest in the afternoon when circumstances permit</td>
<td></td>
</tr>
<tr>
<td>Sitting and talking to someone</td>
<td></td>
</tr>
<tr>
<td>Sitting quietly after lunch without alcohol</td>
<td></td>
</tr>
<tr>
<td>In a car, while stopped for a few minutes in the traffic</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Epworth Sleepiness Scale reprinted with permission. © MW Johns, 1990
Assessment Flow Chart and Symptoms / Management Table
(Assessing the possible cause and management of sleep difficulties. To be completed with a health professional).

The Assessment Flow Chart (below) and the table on the next page will lead the patient through a series of questions that will help identify the most appropriate management for their sleep difficulty.

The patient need only answer YES or NO to each question.

1. Administer the Epworth Sleepiness Scale (ESS) and have the patient complete the seven day Sleep Diary.
2. Has the patient been using sleep medication over 14 days?
   - Yes: Recommend reducing medication. Provide resource information, eg:
     - > Sleep Medication
     - > Sleep: Facts and hygiene.
   - No
3. Is the sleep difficulty caused by a short-term crisis within the last seven days?
   - Yes: Recommend:
     - > Sleep: Facts and hygiene
     - > Relaxation Therapy
     - > Cognitive Behaviour Therapy.
     Provide counselling and support.
     If sleep medication is prescribed (3-5 days only), provide Sleep Medication factsheet.
   - No
4. Was the ESS 8 or greater?
   - No
   - Yes: Does the patient allocate enough time to sleep (eg 7-8 hrs)?
     - Yes: Recommend the allocation of more sleep time.
     - No: Does the patient feel fatigued and lethargic during the day?
       - Yes: Recommend: > Sleep: Facts and hygiene. Consider that sleep needs may be met.
       - No
5. Is the sleep likely to be caused by one of the following? (Secondary Insomnia)
   - > medication
   - > sleep apnea
   - > restless legs
   - > depression
   - > narcolepsy
   - > other medical conditions
   - Yes: Manage underlying cause appropriately and/or refer to sleep specialist.
   - No: Explore insomnia symptoms and provide suggested management techniques (see table on next page).
**Symptoms / Management Table**

This table will guide the patient to identify whether they have insomnia symptoms and suggest appropriate management techniques. If they answer YES to any of the questions place a tick in the associated box.

This process should result in one or more ticks indicating the recommended management technique(s). This simply means a number of factors may be contributing to their sleep problem.

<table>
<thead>
<tr>
<th>Insomnia symptoms</th>
<th>Management techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going to bed but not falling asleep for some time (over 30 minutes) and becoming anxious about it.</td>
<td>Sleep: Facts and hygiene plus</td>
</tr>
<tr>
<td>Waking for long periods during the night and becoming anxious about being unable to return to sleep.</td>
<td>Stimulus Control Therapy</td>
</tr>
<tr>
<td></td>
<td>Relaxation Therapy</td>
</tr>
<tr>
<td></td>
<td>Cognitive Therapy</td>
</tr>
<tr>
<td>Spending excessive time in bed and experiencing sleep broken by frequent awakenings.</td>
<td>Bedtime Restriction Therapy</td>
</tr>
<tr>
<td></td>
<td>Relaxation Therapy</td>
</tr>
<tr>
<td></td>
<td>Cognitive Behaviour Therapy</td>
</tr>
<tr>
<td>Falling asleep early each evening (before 9pm), waking very early and being unable to return to sleep.</td>
<td>Sleep Restriction</td>
</tr>
<tr>
<td></td>
<td>Bright Light Therapy (evening)</td>
</tr>
<tr>
<td>Not falling asleep until the early hours of the morning (after midnight) and then experiencing difficulty rising early each morning, even with an alarm.</td>
<td>Bright Light Therapy (morning)</td>
</tr>
</tbody>
</table>

**For more information**

Refer to ‘Insomnia management’ and ‘Sleep problems’ on the SA Health website: [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)


Professor Leon C. Lack and Dr Helen Wright, School of Psychology, Flinders University assisted with the information in this resource.