

INSOMNIA MANAGEMENT KIT Sleep assessment

The Insomnia Management Kit is intended to be used in conjunction with your GP.

To access further instructions on the use of this fact sheet and other components of the Insomnia Management Kit, go to 'Insomnia management' on the SA Health website: www.sahealth.sa.gov.au.

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 2 = moderate chance of dozing 1 = slight chance of dozing 3 = high chance of dozing

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting inactive in a public place (eg a theatre or a 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 to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
Total	

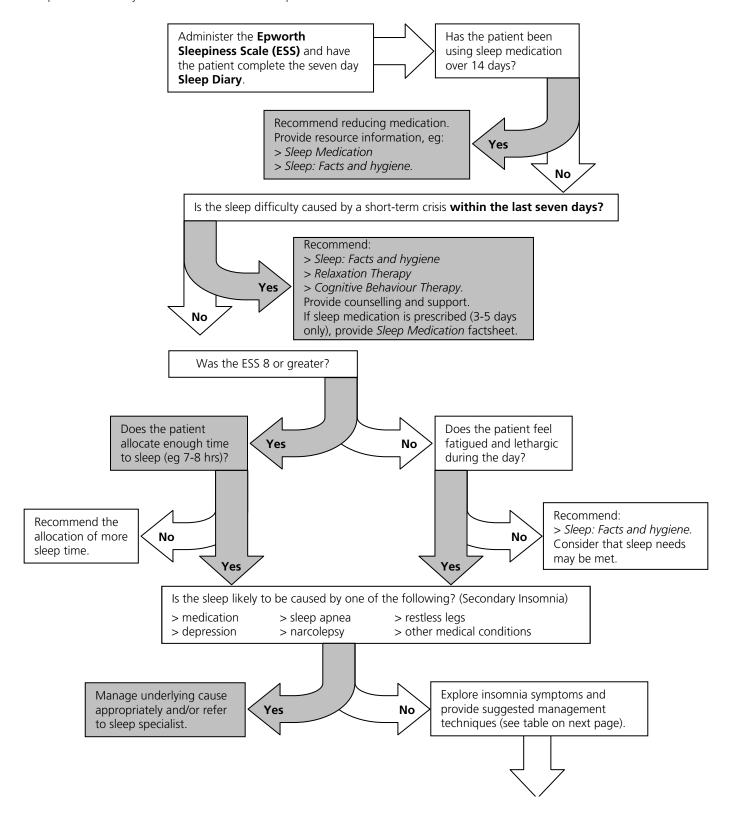
Epworth Sleepiness Scale reprinted with permission. @ MW Johns, 1990

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.



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.

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

For more information

Refer to 'Insomnia management' and 'Sleep problems' on the SA Health website: www.sahealth.sa.gov.au Treatment of Insomnia in Adults. M. Bonnet et. al. Uptodate. May 2017.

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

Drug and Alcohol Services South Australia 75 Magill Road, Stepney SA 5069 Phone: (08) 7425 5000 www.sahealth.sa.gov.au/dassa © Department for Health and Ageing, Government of South Australia September 2017. DASSA:00142









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