

## Sleep Evaluation

*Complete the following Epworth Sleepiness Scale. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?*

*Please use the scale provided to rate each situation.*

- 0 = No chance of dozing
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

1. Sitting and reading? \_\_\_\_\_
2. Watching television? \_\_\_\_\_
3. Sitting inactive in a public place (i.e. theater or meeting)? \_\_\_\_\_
4. As a passenger in a car for an hour without a break? \_\_\_\_\_
5. Lying down in the afternoon when circumstances permit? \_\_\_\_\_
6. Sitting and talking to someone? \_\_\_\_\_
7. Sitting quietly after lunch without alcohol? \_\_\_\_\_
8. In a car while stopped for a few minutes in traffic? \_\_\_\_\_

Scoring: 1 – 6 points: Congratulations, you are getting enough sleep!  
7 – 8 points: Your score is average.  
9 and above: Seek the advice of a sleep specialist.

## Take Charge of Your Health

*Become an active partner in your health care. Be sure to consult your physician if any of the following body changes occur:*

- Skin sores that do not heal or moles that are enlarging or changing color
- Breast lumps that are enlarging, painful, distort skin contour and do not fluctuate with menstrual cycles
- Lymph nodes or unexplained lumps in the groin, under arms or in the neck that are persistent or enlarging
- Redness or dark coloration of the urine
- Unexplained fever
- Unexplained weight loss or loss of appetite for any length of time
- Persistent, unexplained pain
- Abnormal vaginal bleeding or any vaginal bleeding after menopause
- Increased irritability, anxiety or sleeplessness
- Change in bowel habits

Sources: National Women's Health Information Center, Grant/Riverside Methodist Hospitals

## Health Guidelines for Women Over Age 50



**McCullough-Hyde**  
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This is the Personal Health Record of: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

|  | <i>Examination/Test</i>    | <i>What is it? Why have it?</i>   | <i>Recommended Frequency</i>                                  | <i>Date of last Test/Exam</i> |
|--|----------------------------|---|---|-------------------------------|
| <b>Heart Health</b>                                    | Height and Weight          | These can easily be measured using a standard scale, and are important indicators of overall health   | Yearly  |                               |
|  | Blood Pressure             | A simple, painless test that is a key indicator of cardiovascular health  | Yearly  |                               |
|  | Blood Sugar (Glucose)      | A simple blood test that determines your blood glucose level, which may indicate if you are at risk for diabetes  | Every 3 years   |                               |
|  | Cholesterol                | A blood test that checks levels of cholesterol in your blood; levels that are too high may lead to hardening of the arteries  | Every 5 years   |                               |
|  | Electrocardiogram          | A painless test, which shows injury to the heart as well as decreased oxygen to the heart and abnormal heartbeat  | Baseline at age 40 and then every 5 years                     |                               |
| <b>Gynecological Health</b>                            | Breast Self-Exam           | A visual and physical examination of your breasts to detect any changes in appearance or feel from month to month   | Monthly   |                               |
|  | Clinical Breast Exam       | A visual and physical examination of your breasts by your physician to detect any changes that may signal cancer  | Yearly  |                               |
|  | Mammogram                  | A special x-ray that compresses the breast to provide a detailed picture of the breast tissue that helps detect breast cancer. Does not require a physician's order | Yearly  |                               |
|  | Pelvic Exam & Pap Test     | An examination of the reproductive organs, which includes a sample of cells taken from the cervix to check for signs of cancer                                      | Every 1-3 years after 3 consecutive normal tests              |                               |
| <b>General Health Maintenance Exams and Screenings</b> | Bone Mineral Density Test  | A painless screening of the thickness of your bones to detect early signs of bone thinning that may lead to fractures. Does not require a physician's order         | Check with your physician                                     |                               |
|  | Fecal Occult Blood Test    | A test performed on your stool to detect possible signs of colorectal cancer  | Yearly  |                               |
|  | Colonoscopy                | A procedure that enables your physician to look at your colon for signs of cancer   | Every 10 years, every 5 yrs if family history of colon cancer |                               |
|  | Dental Exam and Cleaning   | Regular examination and cleaning of teeth, gums and mouth   | One to two times every year                                   |                               |
|  | Eye Exam                   | Regular examination of the eyes for abnormalities or vision changes   | Check with your physician                                     |                               |
|  | Hearing Exam               | Examination of the ears and your hearing to determine if problems in hearing exist  | Check with your physician                                     |                               |
|  | Mole Exam                  | Examination of the skin and moles for changes that could signal cancer  | Monthly by self; yearly by your physician                     |                               |
|  | Influenza Vaccine          | A shot to protect you from the influenza virus  | Check with your physician                                     |                               |
|  | Pneumococcal Vaccine       | A shot to protect you from pneumonia  | At age 65 or older  |                               |
|  | Tetanus-Diphtheria Booster | A shot to protect you from tetanus and diphtheria   | Every 10 years  |                               |
|  | Mental Health Screening    | Discuss with your physician   | Check with your physician                                     |                               |

These are suggested guidelines for normal, healthy adult women over the age of 50. Your primary care physician may modify this schedule or suggest a complete physical exam according to your individual needs. If you detect any changes in your body, or unusual signs or symptoms, consult your physician immediately. For more information, please call McCullough-Hyde Memorial Hospital's Women's Health Center at (513) 524-5420.