

## 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.

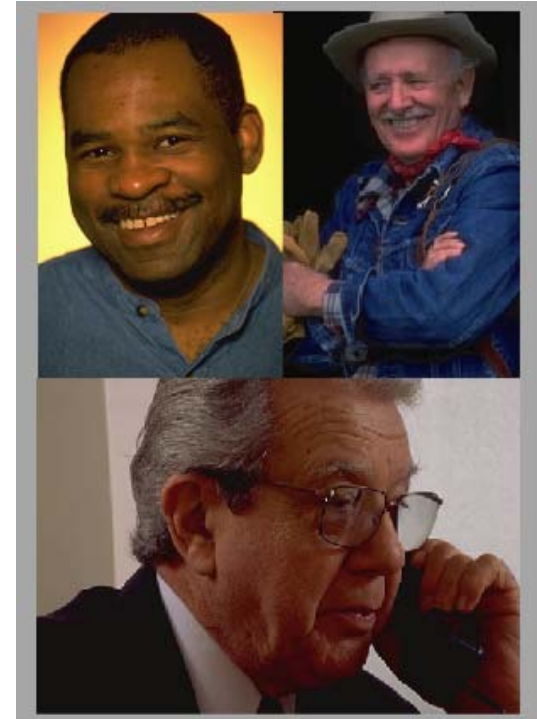
## Take Charge of Your Health

*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
- 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
- Increased irritability, anxiety or sleeplessness
- Change in bowel habits

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

## Health Guidelines for Men Over Age 50



**McCullough-Hyde**  
MEMORIAL HOSPITAL

*A tradition of caring. A new vision of health.*

110 N. Poplar Street, Oxford, OH  
(513) 524-5420  
[www.mhnh.org](http://www.mhnh.org)

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>Colon/Prostate Health</b>      | Digital Rectal Exam           | A physical examination of the prostate gland to check for any lumps or firmness in the prostate                              | Yearly   |                               |
|                                   | Prostate Screening (PSA Test) | A blood test that measures the amount of a protein secreted by the prostate gland.   | Yearly   |                               |
|                                   | Fecal Occult Blood Test       | A test performed on your stool to detect possible signs or colorectal cancer   | Starting at age 50 then every 1-2 years  |                               |
|                                   | Colonoscopy                   | An examination of the colon using a thin, flexible scope to check for potential signs of colorectal cancer                   | Starting at age 50, then every 10 years unless family history of colon cancer, then every 5 yrs. |                               |
| <b>General Health Maintenance</b> | 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  |                               |
|                                   | Skin Exam                     | Examination of the skin and moles for changes that could signal cancer   | Monthly by self; check with 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   |                               |
|                                   | Pulmonary Function            | A test to check the capacity of your lungs for air.  | ????   |                               |
|                                   | Mental Health Screening       | Discuss with your physician  | Check with your physician  |                               |

These are suggested guidelines for normal, healthy adult men over age 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 at (513) 524-5420.