Second to the complaint of "I can't sleep" (insomnia), the next biggest complaint is of "I'm too sleepy during the day", "I fall asleep when I do *not* want to", or "I can fall asleep anytime, anywhere"…..EDS

1. **The "costs" of EDS**
    are many, to the individual, to the greater society
    lowered vigilance, less clear thinking, less emotional control,
        increased irritability
    increased accidents, hospital errors, poor data entry, poorer school
        performance, poorer social relationships, etc.

2. **Are we aware of our EDS?**
    Often the answer is *NO*!
        a failure to appreciate the degree of our EDS is very common…
        which increases the risks because precautions are not taken
    Can doctor rely on patient's answer to "Are you sleepy?"…No!
    When we are aware of being "sleepy", why do we ignore it?
    What is EDS? = the <u>increased tendency to "fall asleep"</u>, lose conscious-
        ness, show altered EEG frequencies, become mentally "detached"
        from environmental stimuli, etc.

3. **Need for formal evaluation of EDS**
    need a formal, empirical test of EDS
        must be reliable, valid, sensitive, inexpensive, easily administered, &
        rapid…true of all measurement techniques

4. **Types of assessment for "sleepiness"**
    a. clinical history
    b. subjective self-report questionnaires (paper&pencil tests)
    c. performance tests
       of vigilance, in simulations, during actual performance
    d. physiological measurements
       MSLT, MWT, pupillometry, actigraphy, other?

5. **<u>Other related issues</u>**
   sleep hygiene
   use of caffeine, nicotine, ETOH (dietary stimulants & sed-hypnotics)
   current medications (e.g. antidepressants, stimulants, tranquilizers,
      asthma medications, antihistamines, etc.)
   amount/quality of sleep the prior night
   amount of naps during the prior day
   time of last meal and quantity/type of food eaten

(read the "*10 best things to say if your boss catches you sleeping at your desk at work*")