

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following questionnaires are used to screen a patient's risk for Obstructive Sleep Apnea. To confirm a diagnosis, the patient will need to be prescribed polysomnography (sleep study) by the primary care physician.

### Epworth Sleepiness Scale

Use the following scale to 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

<i>Situation</i>	<i>Chance of dozing</i>
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public space (ie: theatre or work 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 a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
<b>Total</b>	_____

0-10 = Normal Range 10-12 = Borderline 12-24 = Abnormal

### STOP-Bang

	Yes	No
Snoring (Do you snore loudly)	_____	_____
Tiredness (Do you often feel tired, fatigued or sleepy during the day?)	_____	_____
Observed Apnea (Has anyone observed that you stop breathing, or choke or gasp during your sleep?)	_____	_____
High Blood Pressure (Do you have or are you being treated for?)	_____	_____
BMI (Is Body Mass Index greater than 35 kg per m <sup>2</sup> ?)	_____	_____
Age (Are you older than 50 years?)	_____	_____
Neck Circumference (Is it greater than 43cm/17" male / 41cm/16" female?)	_____	_____
Gender (Are you male?)	_____	_____
<b>Total (one point for each "yes")</b>	_____	_____

Low Risk = 0-2 Intermediate Risk = 3-4 High Risk = 5 or more OR 2+ of STOP plus male gender OR 2+ of STOP plus BMI>35kg/m<sup>2</sup> OR 2+ of STOP plus neck circumference 43cm/17" male / 41cm/16" female