

SLEEP APNEA SCREEN

NAME _____

DATE _____

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations?
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

Activity

- _____ Sitting and Reading
- _____ Watching TV
- _____ Sitting, inactive in a public place (theater, meeting, etc.)
- _____ 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 traffic
- _____ **Total**

S.T.O.P. Questionnaire (Check all that apply)

- _____ **S**: Do you snore **loudly** (louder than talking or loud enough to be heard through closed doors)?
- _____ **T**: Do you often feel **tired**, fatigued or sleepy during the day?
- _____ **O**: Has anyone **observed** you not breathing during sleep?
- _____ **P**: Do you have or have you been treated for high blood pressure?

-----**DO NOT WRITE BELOW LINE**-----

Neck Circumference: _____ inches (>16 women, >17 men)

BMI : _____ (Kg/M²)

Robert M. Huster, M.D., PC