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Sleep Apnea Screening

Patient Name: _____ Date: _____

Enhanced STOP-Bang questionnaire

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Snoring? Do you snore loudly (loud enough to be heard through closed doors, or your bed partner elbows you for snoring at night)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tired? Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving or talking to someone)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Observed? Has anyone observed you stop breathing or choking / gasping during your sleep?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pressure? Do you have or are being treated for high blood pressure ?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Body mass index more than 35 kg/m²?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age older than 50 years old?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neck size large? (measured around Adam's apple) For male, is your shirt collar 17 inches / 43cm or larger? For female, is your shirt collar 16 inches / 41 cm or larger?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gender = Male?
Scoring criteria:		
Low risk of OSA: Yes to 0 to 2 questions Intermediate risk of OSA: Yes to 3 to 4 questions High risk of OSA: Yes to 5 to 8 questions or Yes to 2 or more of 4 STOP questions + male gender or Yes to 2 or more of 4 STOP questions + BMI > 35 kg/m ² or Yes to 2 or more of 4 STOP questions + neck circumference 17in / 43cm in male or 16in / 41cm in female		

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations (not just feel tired)? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to guess how they would have affected you. 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

Situation

Sitting & reading	_____
Watching TV	_____
Sitting, inactive in a public place	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting & talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
Total:	_____