

PULMONARY AND MEDICINE ASSOCIATES

EPWORTH SLEEPINESS SCALE

Name: _____

Age: _____

Today's Date: _____

☐ Male

☐ Female

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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 work out 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

Circle the most appropriate choice below

SITUATION	NEVER	SLIGHT CHANCE	MODERATE CHANCE	HIGH CHANCE
1. While sitting and reading.	0	1	2	3
2. While watching TV.	0	1	2	3
3. Sitting, inactive in a public place. (e.g., a movie theatre or a meeting)	0	1	2	3
4. As a passenger in a car for an hour without a break.	0	1	2	3
5. Lying down to rest in the afternoon when circumstances permit.	0	1	2	3
6. While sitting and talking to someone.	0	1	2	3
7. While sitting quietly after lunch without alcohol.	0	1	2	3
8. In a car, while stopped for a few minutes in the traffic	0	1	2	3

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STOP-BANG SLEEP APNEA QUESTIONNAIRE

<u>STOP</u>	<u>YES</u>	<u>NO</u>
Do you SNORE loudly (Louder than talking, loud enough to be heard through closed doors, or loud enough for your bed partner to wake you during the night)?		
Do you often feel TIRE D, fatigued, or sleepy during the daytime (such as falling asleep during driving or talking to someone)?		
Has anyone OBSERVED you stop breathing, choking or gasping during your sleep?		
Do you have or are you being treated for high blood PRESSURE ?		

<u>BANG</u>	<u>YES</u>	<u>NO</u>
BMI more than 35kg/m ²		
AGE over 50 years old?		
NECK circumference > 16 inches (40 cm)?		
GENDER: Male?		

Total Score:

High Risk of OSA: Yes 5-8 times

Intermediate risk of OSA: Yes 3-4 times

Low risk of OSA: Yes 0-2 times