Sleep Apnea Screening & Assessment

Name:		
HSN:		
Birthdate:		

Epworth Sleepiness Scale:

How likely are you to doze off or fall asleep in the following situations, in comparison to feeling just tired? This refers to your usual way of life in recent times.

Use the 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

Sitting and reading	
Watching TV	
Sitting still in a public place (ie. meeting or theatre)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when the circumstances	
allow	
Sitting and talking to someone	
Sitting quietly after lunch without having drank alcohol	
In a car or bus while stopped for a few minutes in traffic	
TOTAL	

Sleepiness Score Ranges: 0-6 Normal | 7-10 Mild | 11-16 Moderate | 17+ Severe

STOP-Bang Questionnaire: A screening tool for sleep apnea

Circle yes or no on the below questions:

S	Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night?	Yes	No	Unknown
т	Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?	Yes	No	Unknown
0	Has anyone Observed you stop breathing or choking/gasping during your sleep?	Yes	No	Unknown
P	Do you have or are being treated for High Blood Pressure ?	Yes	No	Unknown

В	Is your BMI more than 35 kg/m2?	Yes	No	Unknown
	(See BMI calculation chart on back page.)			
Α	Are you AGE 50 or older?	Yes	No	Unknown
N	For males, is your Neck Size (shirt collar) 17"/43 cm or larger? For females, is your Neck Size (shirt collar) 16"/41 cm or larger? (<i>Measured around Adams apple</i>)	Yes	No	Unknown
G	Are you Male ?	Yes	No	Unknown

Low risk of sleep apnea: Yes to 0-2 questions

Intermediate risk of sleep apnea: Yes to 3-4 questions

High risk of sleep apnea: Yes to 5-8 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/m2 or Yes to 2 or more of 4 STOP questions + neck circumference



BMI Chart

WEIGHT lbs 90 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 45 50 54 59 64 68 73 77 82 86 91 95 100 104 109 113 118 122 127 132 kgs HEIGHT Extremely Healthy Overweight Underweight Obese ft/in Obese cm 4'8" 142.2 4'9" 144.7 4'10" 147.3 4'11" 149.8 4'12" 152.4 5'1" 154.9 5'2" 157.4 5'3" 160.0 5'4" 162.5 5'5" 165.1 5'6" 167.6 5'7" 170.1 5'8" 172.7 5'9" 175.2 5'10" 177.8 **13** 5'11" 180.3 5'12" 182.8 6'1" 185.4 6'2" 187.9 l 6'3" 190.5 l 6'4" 193.0 6'5" 195.5 6'6" 198.1 6'7" 200.6 6'8" 203.2 6'9" 205.7 l 6'10" 208.2

210.8

6'11"