ADVANCED Sleep

Patient Self-Screening Tool
Epworth Sleepiness Scale & STOP BANG

Patient Information

Patient Name: ____ DOB: _____ / _____ / _______

O Male O Female | Height: ________ **FT** ________ **IN** | Weight: __________ **lbs.** | BMI: __________

S.T.O.P Quiz

			Yes	No
1.	*Snore*	Do you ***snore*** loudly?	O	O
2.	*Tired*	Do you often feel ***tired***, fatigued, or sleepy during the day?	O	O
3.	*Observed*	Has anyone ***observed*** you stop breathing during your sleep?	O	O
4.	*Pressure*	Do you have or are you being treated for high blood ***pressure***?	O	O

Epworth Sleepiness Scale

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 – ***NO*** chance of dozing 1 – ***SLIGHT*** chance of dozing 2 – ***MODERATE*** chance of dozing 3 – ***HIGH*** chance of dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	_______
Watching TV	_______
Sitting inactive in a public place (e.g. theater or a 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 with someone	_______
Sitting quietly after lunch without alcohol	_______
In a car, while stopped for a few minutes in traffic	_______
Epworth Score (Total)	__________

Conclusion

Discuss these results with your physician to determine your risk for sleep apnea if:

O You answered **"Yes"** to **two** or more questions in the S.T.O.P. Quiz **or**

O You answered **"Yes"** to **one** and you any of the following criteria below:

O Male O Large Neck O Overweight O Over 50 ***(Check all that apply)***

O Epworth Sleepiness Scale is a 9 or higher

Physician Comments

Disclaimer: This patient self-screening tool is to be used as a secondary to the physician's clinical judgment based on the patient evaluation. This form is a tool that can be used to help assess patients but is not intended to replace the clinical judgment of the treating practitioner for diagnosing Obstructed Sleep Apnea (OSA).