

# Screening Evaluation for Sleep Disordered Breathing

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

## Questionnaire for Sleep Apnea and/or Snoring

Do you feel sleepy during the day? \_\_\_\_\_

Do you know you snore or have been told you snore? \_\_\_\_\_

If you answered yes to the last question, do you snore loudly at night? \_\_\_\_\_

Have you been told your breathing stops while sleeping? \_\_\_\_\_

Do you ever wake feeling like you were choking? \_\_\_\_\_

Do you wake refreshed? \_\_\_\_\_

Do you have difficulty breathing through your nose? \_\_\_\_\_

Do you often wake up with a headache? \_\_\_\_\_

Do you have to get up and use the bathroom several times at night? \_\_\_\_\_

Have you ever had a sleep study? \_\_\_\_\_

Have you gained weight lately? \_\_\_\_\_

Is your neck size over 17 inches? \_\_\_\_\_

Do you experience heartburn or acid reflux at night? \_\_\_\_\_

Do you have high blood pressure? \_\_\_\_\_

Are you irritable or depressed in the morning? \_\_\_\_\_

Do you have some repetitive limb movements or jerks? \_\_\_\_\_

## Epworth Sleepiness Scale

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

Use this scale to choose the most appropriate number for each situation:

**0** - Would never doze off

**1** - Slight Chance of dozing

**2** - Moderate chance of dozing

**3** - High chance of dozing

Sitting and reading \_\_\_\_\_

Watching TV \_\_\_\_\_

Sitting, inactive in a public place (ie. theatre or meeting) \_\_\_\_\_

As a passenger in a car for an hour without a break \_\_\_\_\_

Sitting and talking to someone \_\_\_\_\_

Sitting quietly after lunch without alcohol \_\_\_\_\_

In a car, while stopped for a few minutes in traffic \_\_\_\_\_

**Total** \_\_\_\_\_

## Analyze your Score

**0-6:** It is unlikely that you are abnormally sleepy

**7-8:** You have an average amount of daytime sleepiness

**9+:** You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.