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## Obstructive Sleep Apnea Screening Assessment

Date \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Waking Assessment (Epworth Sleepiness Scale)

a. How likely are you to fall asleep or doze in the circumstances listed below? When rating these situations, give highest consideration to recent events. If you have never experienced one of the situations, estimate how you might have reacted.

0	1	2	3
No Chance	Slight Chance	Moderate Chance	High Chance

**Chance of Dozing**    **Situation**

\_\_\_\_\_ Sitting and reading  
 \_\_\_\_\_ Watching TV  
 \_\_\_\_\_ Sitting inactive in a public place (theater or meeting)  
 \_\_\_\_\_ As a passenger in a car for an hour without a break  
 \_\_\_\_\_ Lying down to rest in the afternoon  
 \_\_\_\_\_ Sitting and talking to someone  
 \_\_\_\_\_ Sitting quietly after lunch, without alcohol  
 \_\_\_\_\_ In a car, stopped for a few minutes in traffic

TOTAL                      Total Score >> Points  
 >>>>>> 0-6 > 0 pts.    7-15 > 5 pts.    16-18 > 10 pts.    18+ > 15 pts.

1a Total \_\_\_\_\_

b. How often do you fall asleep or fight the urge to sleep while driving?

Seldom >> 0 pts.            Sometimes >> 5 pts.  
 Often >> 10 pts.              Must pull off the road >> 15 pts.

1b Total \_\_\_\_\_

Section 1 Total (1a + 1b) = \_\_\_\_\_

2. Sleeping Assessment:

a. Do you snore?

Yes (1 pt.)	No (0 pts.)	_____
Quiet snore, slightly louder than breathing (0 pts.)		_____
Moderate snore, as loud as talking (4 pts.)		_____
Severe snore, heard through door (10 pts.)		_____

2a Total \_\_\_\_\_

b. Do you awaken startled, gasping, or choking?  
 Yes (1pt) No (0pts.) \_\_\_\_\_  
 Occasionally (9 pts.) \_\_\_\_\_  
 Nightly (14 pts.) \_\_\_\_\_  
 2b Total \_\_\_\_\_

Section 2 Total (2a +2b) = \_\_\_\_\_

3. Patient Assessment

a. Patient Assessment – Uncomplicated  
 Sex male (5 pt.) female (3 pts.) \_\_\_\_\_  
 Neck Size \_\_\_\_\_ (>16=15 pts.) \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Treated hypertension (5 pts.) BP \_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 3a Total \_\_\_\_\_

b. Patient Assessment – Complicated  
 Nocturnal angina\* (5 pts.) \_\_\_\_\_  
 Cor Pulmonale (5 pts.) \_\_\_\_\_  
 On O2\* (5 pts.) \_\_\_\_\_  
 Morbid obesity\* (100 lb. over ideal body weight (5pts.) \_\_\_\_\_  
 \* Qualifies for Plan III if yes  
 3b Total \_\_\_\_\_

Section 3 Total (3a +3b) = \_\_\_\_\_

Total Waking, Sleeping, and Patient Assessment Scores

Add sections 1, 2 and 3 \_\_\_\_\_

Total Qualifying Points (Probable severity of OSA)

0-10	OSA very unlikely	>>>	No intervention required - Consider Sleep Hygiene Tx
11-20	Mild or no OSA	>>>	Plan I: Oximetry Screen
21-50	Moderately severe OSA	>>>	Plan II: Diagnostic Polysomnogram
51+	Severe or complicated OSA	>>>	Plan III: Cardiopulmonary Sleep Study

The physician's subjective judgment with regard to a patient's special circumstances should always be considered in the final selection of the plan to follow rather than relying solely on the numerical rating system which is intended to provide guidelines only for the typical patient. If consideration is given to a diagnosis other than OSA, you may prefer to schedule a consultation with a panel physician at the Sleep Disorders Center.