

NAME: _____ DOB _____ DATE _____

QUICK QUIZ FOR SLEEP DISORDERS

These brief questions can help identify the presence of significant sleep disorders. You can print these out to take to your medical provider.

IMPORTANT IDENTIFYING QUESTIONS

- ___ I snore loudly enough to be heard outside the room.
- ___ I snore loudly enough for roommates and bed partners to leave the room.
- ___ A roommate or bed partner has seen me have breathing problems.
- ___ I wake gasping, choking or short of breath.
- ___ I wake frequently with headaches during the night.
- ___ I act out dreams physically by kicking, punching or performing other aggressive movements.

Number of Yes Answers _____

These are questions that a sleep specialist considers likely to identify someone with a sleep disorder. If you can answer YES to any of these six questions, you should consult with your doctor or a sleep specialist.

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EPWORTH SLEEPINESS SCALE

How likely are you to nod 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 haven't done some of these things recently, try to work out how they would have affected you. It is important that you answer each question as best you can.

Use the following scale to choose the most appropriate number for each situation.

Answer Scale with the number 0 to 3 where:

Would never nod off -	-	-	0
Slight chance of nodding off -	-	-	1
Moderate chance of nodding off	-	-	2
High chance of nodding off -	-	-	3

QUESTION	ANSWER
<i>How likely are you to nod off...</i>	
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public space (e.g. in a meeting, theater, or dinner event)	_____
As a passenger in a car for an hour or more without stopping for a break	_____
Lying down to rest when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a meal without alcohol	_____
In a car, while stopped for a few minutes in traffic or at a light	_____
Total Epworth Score	_____

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STOP-BANG

Answer the questions yea or no. Count the number of yes answers.

___ Do you snore loudly (louder than talking or loud enough to be heard outside the room)?

___ Do you often feel tired, fatigued or sleepy during the day?

___ Has anyone observed you stop breathing during your sleep?

___ Do you have or are you being treated for high blood pressure?

___ Is your BMI over 35 kg/m² (are you significantly over weight)?

___ Are you over 50 years old?

___ Is your neck circumference (size) greater than 40 cm (16 inches)?

My Stop Bang score is ____/8

Values of greater than 3 suggest possibility of Obstructive Sleep Apnea

INSTRUCTIONS FOR NON-SLEEP PROVIDERS

A yes answer to any of the Important Identifying Questions is a strong indication of the presence of significant Obstructive Sleep Apnea. Appropriate evaluation is indicated.

Epworth Scale scores of greater than 10 are considered to indicate excessive daytime sleepiness from some source. Evaluation is often indicated.

A Stop-Bang score of greater than three yes answers is a strong indication of the presence of significant Obstructive Sleep Apnea. Appropriate evaluation is indicated.