

Sleep Apnea Screening

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations? This refers to how you have been feeling lately. If you have not been in these situations lately, estimate how you feel it would affect you. Please 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

Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (in a theater or 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 to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
*Score above 10 indicates Excessive Daytime Sleepiness	_____

STOP BANG

S (Snoring)	Do you snore loudly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T (Tired)	Do you often feel tired, fatigued, or sleepy during daytime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O (Observed)	Has anyone observed you stop breathing during your sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P (Blood Pressure)	Do you have or are you being treated for high blood pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B (BMI)	BMI more than 35 kg/m ² *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A (Age)	Age over 50 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N (Neck Circum)	Neck circumference greater than 40 cm (16 in)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G (Gender)	Gender male?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*for imperial conversion use lb/in² x 705
Stensland SH and Margolis S. J Am Diet Assoc 1990;90 (60):856

High risk of OSA: **Answering YES to three or more items**
Adapted from Chung F et al Anesthesiology 2008; 108(5): 812-21