Sleep Screening Questionnaires

Please answer the questions below to help us assess for possible obstructive sleep apnea (OSA), a condition in which your breathing pauses or stops for periods of time while you sleep. Sleep apnea can increase your risk for many health conditions. It can also increase your risk for breathing problems after surgery.

Name _____ Date _____

DOB _____ Height _____ Weight _____

	Yes	No
Have you ever been diagnosed with OSA?	☐	☐
Are you currently being treated for OSA?	☐	☐
Are you aware of a family history of OSA?	☐	☐
Are you aware of clenching or grinding your teeth at night?	☐	☐

ESS: Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

0 = I would never doze	**2** = I have a moderate chance of dozing
1 = I have a slight chance of dozing	**3** = I have a high chance of dozing

Situation	Chance of Dozing
1. Sitting and reading	_____
2. Watching TV	_____
3. Sitting inactive in a public place (e.g. a theatre or a meeting)	_____
4. As a passenger in a car for an hour without a break	_____
5. Lying down to rest in the afternoon when circumstances permit	_____
6. Sitting and talking to someone	_____
7. Sitting quietly in a lunch without alcohol	_____
8. In a car while stopped for a few minutes in traffic	_____

STOP - BANG

			Yes	No
1.	**S**nore	Do you snore loudly? (Louder than talking or loud enough to be heard behind a closed door?	☐	☐
2.	**T**ired	Do you often feel tired, fatigued or sleepy during daytime?	☐	☐
3.	**O**bstruction	Has anyone observed you stop breathing during your sleep?	☐	☐
4.	**P**ressure	Do you have or are you being treated for high blood pressure?	☐	☐
5.	**B**MI	Is your body mass index greater than 28?	☐	☐
6.	**A**ge	Are you 50 years old or older?	☐	☐
7.	**N**eck	Males: Is your neck circumference greater than 17 inches? Females: Is your neck circumference greater than 16 inches?	☐	☐
8.	**G**ender	Are you a male?	☐	☐

_____

Patient Signature

Adapted from www.EpworthSleepinessScale.com and Chung F, et. al Anesthesiology 2008; 108(5):812-821.

Sleep Screening Keys

Epworth Sleepiness Scale (ESS) Key

The ESS is a standard self-administered questionnaire that measures a person's general level of daytime sleepiness. The ESS rates the probability of falling asleep in eight different situations.

Instructions: The written instructions on the ESS are meant to be vague. Do not give further instructions. Do not give patients an interpretation of their ESS score until they have completed the questionnaire.

Scoring: Add up the scores. If a patient scores in fractions (i.e. ½ or 1½) then record these at face value. If the total score includes a fraction, then round up the total score to the next whole number.

0 – 10	Normal
11 – 24	Recommend medical follow-up for specialist treatment

www.EpworthSleepinessScale.com

STOP – BANG

The purpose of the STOP – BANG questionnaire is to determine "high" or "low" risk for sleep apnea.

STOP:	*High risk of OSA:* answering **yes** to **two or more questions**
	Low risk of OSA: answering **yes** to **less than two questions**

BANG:	*High risk of OSA:* answering **yes** to **three or more items**
	Low risk of OSA: answering **yes** to **less than three items**

Anesthesiology 2008; 108:812–21