

Sleep-Apnea-Questionnaire

Epworth Sleepiness Scale

3 - High chance of dozing off
2 - Moderate chance of dozing off
1 - Slight chance of dozing off
0 - No chance of dozing off

If you scored 11 or higher, consider seeing a sleep medicine specialist to diagnose and treat the cause of your sleepiness.

SITUATION	CHANCE OF DOZING
Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g a theatre or a 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 lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
	TOTAL /24

STOP-BANG Sleep Apnea Questionnaire

High risk of OSA: Yes 5 - 8
 Intermediate risk of OSA: Yes 3 - 4
 Low risk of OSA: Yes 0 - 2

STOP/BANG	YES	NO
Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel TIRED , fatigued, or sleepy during daytime?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone OBSERVED you stop breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have or are you being treated for high blood PRESSURE ?	<input type="checkbox"/>	<input type="checkbox"/>
BMI more than 35kg/m ² ?	<input type="checkbox"/>	<input type="checkbox"/>
AGE over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>
NECK circumference > 16 inches (40cm)?	<input type="checkbox"/>	<input type="checkbox"/>
GENDER : Male?	<input type="checkbox"/>	<input type="checkbox"/>
	TOTAL	/8