DATE: _____
FULL NAME: _____
DATE OF BIRTH: _____

WHY ARE WE ASKING ABOUT YOUR SLEEP?

SLEEP APNEA

- MAY INCREASE YOUR BLOOD PRESSURE
- MAY INCREASE YOUR RISK FOR ATRIAL FIBRILLATION
- MAY INCREASE YOUR RISK FOR STROKE
- MAY INCREASE THE RISK OF DIABETES AND OBESITY

*Epworth Sleepiness Scale

Use the following scale to choose the most appropriate chance of your patient dozing for each situation
*(0 = would **never** doze; 1 = **slight chance** of dozing; 2 = **moderate chance** of dozing; 3 = **high chance** of dozing)*

Situation	**Chance of Dozing Off** (Circle Appropriate Score)			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (theater or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
	***Total Score:**			

Do you snore loudly YES / NO
Do you often feel tired or sleepy during daytime YES / NO
Have you noticed or been told that you stop breathing or choke during sleep YES / NO
Do you have or are you currently being treated for High Blood Pressure YES / NO
Are you male? YES / NO
Are you over 50 years old? YES / NO
Height: _____
Weight: _____

WE WILL TAKE IT FROM HERE!

----------Office Use Only. Please do not write below this line--------

BMI >35 kg YES / NO
NECK CIRCUMFERENCE: **>17** inches **MEN** or **> 16** inches **WOMAN** YES / NO
How many questions above are answered **YES**? _____

***Indications/Diagnosis for the Study** Symptoms (please check all that apply):

- ❑ Loud Snoring (R06.83)
- ❑ Morning Headaches (G44.021)
- ❑ Obesity Unspecified (E66.9)
- ❑ Hypertension (R03.0)
- ❑ Other: _____
- ❑ Excessive Daytime Sleepiness (G47.10)
- ❑ Personality Changes or Irritability (R45.4)
- ❑ Difficulty Concentrating (R41.840) .
- ❑ Witnessed Apneas During Sleep
- ❑ Unrefreshed by Sleep (G47.8)
- ❑ Daytime Fatigue (R53.82)
- ❑ Depression (F32.9)
- ❑ STOP-Bang ≥ 3, Score: _____

***Diagnosis** Select one:

❑ Sleep Apnea Unspecified (G47.30) ❑ Obstructive Sleep Apnea (47.33) ❑ Other: _____

***ESS > 10** or more at risk for sleep apnea **or** **ESS <10** with **2 symptoms** of Sleep apnea in progress/visit notes

***Stop-bang** Yes to **3 or >** at risk for sleep apnea