Obstructive Sleep Apnea Assessment

This questionnaire is a tool to screen for sleep-related breathing problems, or obstructive sleep apnea. It is not a substitute for a sleep disorder evaluation by a qualified physician. However, it can help you identify key factors in your sleep habits that may contribute to obstructive sleep apnea.

If you answer "Yes" to any of these questions, please discuss your symptoms with your health care provider.

Please answer the following questions:

1. Do you snore or have you been told that you snore?
2. Have you been told that you appear to hold your breath while asleep?
3. Do you experience awakenings from sleep with a snort or cough, choking or shortness of breath?
4. Do your awakenings most often occur when you are sleeping on your back?
5. Is your sleep disturbed by heartburn, reflux or an acid/sour taste in your mouth?
6. Do you awaken from sleep with a headache?
7. Do you avoid sleeping on your back because it's hard to breathe?
8. Are you currently overweight?
9. Is your neck size greater than 17 inches if you're a male or greater than 16 inches if you're a female?
10. Do you frequently awaken with a dry mouth?
11. Are you excessively sleepy during the day?
12. Do you fight sleepiness while driving?
13. Do you have high blood pressure?

EPWORTH SLEEPINESS SCALE FORM

Instructions: Be as truthful as possible. Read the situation in the first column; select your response from the second column; enter that number in the third column. Total all of the entries in the third column and enter the total in the last box.

Situation	Responses	Score
Sitting and Reading	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Watching Television	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting inactive in a public place, for example, a theater or a meeting	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
As a passenger in a car for an hour without a break	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Lying down to rest in the afternoon	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting and talking to someone	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting quietly after lunch when you've had no alcohol	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
In a car while stopped in traffic	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
TOTAL SCORE		

Remember, if you have answered "Yes" to any of these questions, please discuss your symptoms with your health care provider.

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