

## Sleep Disorder Assessment Questionnaire

Sleep Questionnaire #1

**Epworth Sleepiness Scale**  
 Sleep medicine specialists use the Epworth Sleepiness Scale to identify the level of daytime sleepiness. Using the following scale...

0 = Never doze  
 1 = Slight chance of dozing  
 2 = Moderate chance of dozing  
 3 = High chance of dozing

**...how would you rate your degree of sleepiness while engaging in these activities?**

Sitting and reading	SCORE
Watching TV	<input type="text"/>
Sitting, inactive in public	<input type="text"/>
Car passenger (for 1 hour)	<input type="text"/>
Lying down in the afternoon	<input type="text"/>
Sitting and talking to someone	<input type="text"/>
Sitting quietly after lunch (no alcohol)	<input type="text"/>
Stopped for a few minutes in traffic	<input type="text"/>
<b>Total</b>	<input type="text"/>

A total score of 10 or more suggests wake-time sleepiness that may require a sleep evaluation to determine whether you are obtaining adequate sleep or may have an underlying sleep disorder. If your score is 10 or more, please share this information with your physician.

Sleep Questionnaire #2

**Sleep Apnea Risk**  
 Determine your "Apnea Risk Score." Compare your total score from all five sections with the ranges below.

1.) Do you have a history of snoring? a. No (0) b. Mild/infrequent (2) c. Moderate/inconsistent (3) d. Severe/consistent (5)	SCORE
2.) Have you ever been told that you have "pauses" in breathing during sleep? a. No (0) b. Yes, but infrequent (6) c. Yes, inconsistent but most nights (8) d. Yes, severely so (10)	<input type="text"/>
3.) Are you overweight? a. No (0) b. Yes, less than 20 lbs. (1) c. Yes, 20–50 lbs. (2) d. Yes, greater than 50 lbs. (4)	<input type="text"/>
4.) Evaluate your sleepiness from Sleep Questionnaire #1 (Epworth Sleepiness Scale) a. Score less than or equal to 8 (0) b. 9–13 (3) c. 14–18 (5) d. Greater than or equal to 19 (8)	<input type="text"/>
5.) Does your medical history include (select and score all that apply): a. High blood pressure (5) b. Stroke (3) c. Heart disease (3) d. Morning headaches (2) e. More than 3 awakenings per night (2) f. Excessive fatigue (2) g. Depression (1) h. Concentration problems (1)	<input type="text"/>
<b>TOTAL SLEEP APNEA RISK SCORE</b>	<b>Total</b>
5–9     Discuss complaints with your doctor	<input type="text"/>
10–14   Important to discuss with your doctor (consider sleep evaluation)	
15–19   Sleep consultation or sleep study suggested	
20+     Significant risk of sleep apnea, sleep study should be scheduled	

**Note: In general, men with a neck circumference of ≥ 17 inches and women with a neck circumference of ≥ 16 inches are at a higher risk for sleep apnea.\***