



Date: _____ Patient Name: _____ DOB: _____

Epworth Sleepiness scale:

How likely are you to doze off or fall asleep in the following situations, especially over the last 2 weeks? Even if you haven't done any of these activities during recent times, try to estimate how you would have been affected.

0 = no chance of dozing off
1 = slight chance of dozing off
2 = moderate chance of dozing off
3 = high chance of dozing off

1. Sitting and reading a book, magazine or newspaper?	
2. Watching television?	
3. Sitting inactive in a public place? (ie. in the doctor's office, at the movie theater)	
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 quietly after lunch without alcohol?	
7. Sitting and talking to someone?	
8. In a car, while stopped for a few minutes in traffic?	
The total Epworth Sleepiness Scale today is (sum of 1-8 above)	

Adapted from: Murray W Johns. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale, Sleep, 1991; 14 (6): 540-545.

STOP BANG questionnaire:		
1. Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	YES	NO
2. Tired: Do you often feel tired, fatigued, or sleepy during daytime?	YES	NO
3. Observed: Has anyone observed you stop breathing during your sleep?	YES	NO
4. Blood Pressure: Do you have or are you being treated for high blood pressure?	YES	NO
5. BMI: BMI more than 35 kg/m ² ?	YES	NO
6. Age: Age over 50 yr old?	YES	NO
7. Neck circumference: Collar size greater than 16 in. (or 40 cm)?	YES	NO
8. Gender: Are you a male?	YES	NO

Adapted from: Chung F, Yegneswaran B, et al. STOP questionnaire: a tool to screen patients for obstructive sleep apnea. Anesthesiology. 2008 May;108(5):812-21.