

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations?	0	1	2	3
✓ Check one in each row:	No chance	Slight chance	Moderate chance	High chance
Sitting and reading				
Watching TV				
Sitting inactive in a public place (e.g. a theater 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 a lunch without alcohol				
In a car, while stopped for a few minutes in traffic				
Total Score: (Add columns 0-3)				_____

Do you have sleep apnea? Yes No
 Are you in treatment for sleep apnea? Yes No
 If yes, explain: _____

Height: _____
 Weight: _____

The Stop-Bang Scale

Yes	No	
		1. Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
		2. Tiredness/fatigue: Do you often feel tired, fatigued, or sleepy during the daytime, even after a "good" night's sleep?
		3. Observed apnea: Has anyone has ever observed you stop breathing during your sleep?
		4. Pressure: Do you have or are you being treated for high blood pressure?
		5. Body mass index: Do you weigh more for your height than is shown in the table provided? (BMI ≥ 35?)
		6. Age: Are you older than 50 years?
		7. Neck size: Does your neck measure more than 15¾ inches (40 cm) around?
		8. Gender: Are you male?

Height	Weight (lb)	Height	Weight (lb)
4'10"	167	5'8"	230
4'11"	173	5'9"	237
5'	179	5'10"	243
5'1"	185	5'11"	250
5'2"	191	6'	258
5'3"	197	6'1"	265
5'4"	204	6'2"	272
5'5"	210	6'3"	279
5'6"	216	6'4"	287
5'7"	223	6'5"	295

Weights shown in the tables above correspond to a BMI of 35 for a given height.

Signature: _____
 Date: _____