

## SLEEP QUESTIONNAIRE

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### ALTERNATIVE THERAPIES

- a. Have you attempted CPAP therapy? .....  Yes  No  
 -If yes, are you able to use it at least 5 nights a week (4 or more hours per night)?<sup>1</sup>  Yes  No
- b. Have you undergone any surgical attempts to correct your OSA? .....  Yes  No
- c. Have you tried any of the following conservative methods of improving your sleep breathing? (please check)
- Weight loss
- Positional therapy (avoiding the supine position during sleep)
- Abstaining from the use of alcohol and/or sedatives before bedtime

### STOP-BANG<sup>II</sup> (Also refer to physical evaluation form)

- d. Do you snore loudly? .....  Yes  No
- e. Do you often feel tired or fatigued after sleep? .....  Yes  No
- f. Has anyone noticed that you quit breathing during sleep? .....  Yes  No
- g. Do you take medication for high blood pressure? .....  Yes  No

### EPWORTH SLEEP QUESTIONNAIRE<sup>III</sup>

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would affect you. Use the following scale to choose the most appropriate number for each situation. (Please circle the number to answer)

	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
h. Sitting and reading	0	1	2	3
i. Watching TV	0	1	2	3
j. Sitting inactive in a public area (e.g., a theater)	0	1	2	3
k. As a passenger in a car for an hour without a break	0	1	2	3
l. Lying down to rest in the afternoon	0	1	2	3
m. Sitting and talking to someone	0	1	2	3
n. Sitting quietly after lunch without alcohol	0	1	2	3
o. In a car stopped for a few minutes in traffic	0	1	2	3

I. Citation for CPAP compliance as 5 nights a week for 4 or more hours each night: Positive Airway Pressure Devices (A48132). www.cms.gov

II. J Clin Sleep Med 2011;7(5):467-472

III. Johns MW. A new method for measuring daytime sleepiness: Epworth sleepiness scale. Sleep 1991;14:540-5