

OBSTRUCTIVE SLEEP APNEA

EPWORTH SLEEPINESS SCALE

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 have affected you.

Use the following scale to choose the most appropriate number for each situation.

0 would NEVER doze	1 SLIGHT chance of dozing	2 MODERATE chance of dozing	3 HIGH chance of dozing
▶ Sitting and Reading			① ② ③
▶ Watching TV			① ② ③
▶ Sitting, inactive in a public place such as a theater or meeting			① ② ③
▶ As a passenger in a car for an hour without a break			① ② ③
▶ Lying down to rest in the afternoon when circumstances permit			① ② ③
▶ Sitting and talking to someone			① ② ③
▶ Sitting quietly after a lunch without alcohol			① ② ③
▶ In a car, while stopped for a few minutes in traffic			① ② ③

Total Score (add all responses) _____

A score of 15–17 = moderate risk of OSA

A score of 18 or higher = high risk of OSA

Fill out the back of this card if at risk for OSA.

PATIENT INFORMATION

Patient Name: _____

Phone: _____

Address: _____

City: _____ State: _____

Email: _____

Date of Birth: _____

Height: _____ Weight: _____

Primary Care Physician: _____

Phone: _____

City: _____ State: _____

It is recommended that patients at moderate to high risk undergo a diagnostic sleep study and/or consult a sleep specialist. See reverse side for Epworth Sleepiness Scale results.

Patient gives permission to refer assessment to a sleep specialist for a consultation.

Patient Signature: _____

Date referred: _____

Referred by: _____

Please hand completed questionnaire to your physician during your office visit.



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