

# Sleep Screening Tool

provided



The REM Center

by: \_\_\_\_\_

Name: \_\_\_\_\_ Physician: \_\_\_\_\_ Date: \_\_\_\_\_

## Epworth Sleepiness Scale

Use the following scale to choose the most appropriate number for each situation. Even if you have not done some of these things recently, please try to choose a rating for how they would have affected you.

- 0 = would never fall asleep
- 1 = Slight chance of falling asleep
- 2 = moderate chance of falling asleep
- 3 = high chance of falling asleep

|   |   |   |   |   |
|---|---|---|---|---|
| Sitting and reading   | 0 | 1 | 2 | 3 |
| Watching TV   | 0 | 1 | 2 | 3 |
| Sitting, inactive in a public place<br>(movie theater or a meeting) | 0 | 1 | 2 | 3 |
| As a passenger in a car for an hour                                 | 0 | 1 | 2 | 3 |
| Lying down to rest in the afternoon<br>When circumstances permit    | 0 | 1 | 2 | 3 |
| Sitting and talking with a person                                   | 0 | 1 | 2 | 3 |
| Sitting quietly after lunch without alcohol                         | 0 | 1 | 2 | 3 |
| In a car, while stopped for a few minutes<br>In traffic             | 0 | 1 | 2 | 3 |

TOTAL SCORE: \_\_\_\_\_

## Epworth Scoring Key

Each of the eight situations is scored from 0-3. The total of these figures is the final score. According to research, snorers who show no significant obstructive sleep apnea score an average of 6.5. Those with significant OSA scored an average of 10 or greater.

## Sleep Apnea Questionnaire

|   |     |    |
|---|-----|----|
| Have you been told that you snore?  | Yes | No |
| Have you been told that you snore loud enough to disturb the sleep of others?           | Yes | No |
| Have you been told that your breathing "pauses" or stops when you are sleeping?         | Yes | No |
| Are you overweight?   | Yes | No |
| Do you have or have you had:<br>High blood pressure?                                    | Yes | No |
| Stroke?   | Yes | No |
| Heart Disease?  | Yes | No |
| Do you experience excessive daytime sleepiness?<br>(fall asleep at inappropriate times) | Yes | No |
| Do you experience difficulty concentrating during the day?                              | Yes | No |
| Do you wake repeatedly during the night?  | Yes | No |

If patient answers yes to 2 or more of these questions, a sleep study is recommended.

The REM Center  
4364 7<sup>th</sup> Street  
Moline, IL 61265  
309.762.2998 ~ toll free 866.235.6763