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# Patient Self-Screening Tool

*Epworth Sleepiness Scale & S.P.O.T. Apnea Quiz*

## Patient Information

Patient Name: ________________________________________________ DOB: _____ / _____ / ________

❑ Male ❑ Female Height: ________ **FT** ________ **IN** Weight: __________ **lbs.**

## S.P.O.T. Apnea Quiz

| | | | Yes | No |
|---|---|---|---|---|
| **1.** | ***Snore*** | Do you ***snore*** loudly? | ❑ | ❑ |
| **2.** | ***Pressure*** | Do you have or are you being treated for high blood ***pressure***? | ❑ | ❑ |
| **3.** | ***Observed*** | Has anyone ***observed*** you stop breathing during your sleep? | ❑ | ❑ |
| **4.** | ***Tired*** | Do you often feel ***tired***, fatigued, or sleepy during the day? | ❑ | ❑ |

## 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 – ***NO*** chance of dozing 1 – ***SLIGHT*** chance of dozing 2 – ***MODERATE*** chance of dozing 3 – ***HIGH*** chance of dozing

| SITUATION | CHANCE OF DOZING |
|---|---|
| Sitting and reading | ______ |
| Watching TV | ______ |
| Sitting inactive in a public place (e.g. 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 with someone | ______ |
| Sitting quietly after lunch without alcohol | ______ |
| In a car, while stopped for a few minutes in traffic | ______ |

**Epworth Score (Total)** __________

## Conclusion

Discuss these results with your physician to determine your risk for sleep apnea if:

❑ You answered **"Yes"** to **two** or more questions in the S.P.O.T. Quiz **or**

❑ You answered **"Yes"** to **one** and you any of the following criteria below:

❑ Male ❑ Large Neck ❑ Overweight ❑ Over 50 ***(Check all that apply)***

❑ Epworth Sleepiness Scale is a 9 or higher

## Physician Comments

Disclaimer: This patient self-screening tool is to be used as a secondary to the physician's clinical judgment based on the patient evaluation. This form is a tool that can be used to help assess patients but is not intended to replace the clinical judgment of the treating practitioner for diagnosing Obstructed Sleep Apnea (OSA).