

Patient Information _____

Patient Name: _____ DOB: ____ / ____ / ____

Male Female Height: _____ FT _____ IN Weight: _____ lbs.

S.P.O.T. Apnea Quiz _____

		Yes	No
1. Snore	Do you <i>snore</i> loudly?	<input type="checkbox"/>	<input type="checkbox"/>
2. Pressure	Do you have or are you being treated for high blood <i>pressure</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Observed	Has anyone <i>observed</i> you stop breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
4. Tired	Do you often feel <i>tired</i> , fatigued, or sleepy during the day?	<input type="checkbox"/>	<input type="checkbox"/>

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).