Three Rivers Health Sleep Lab
701 S. Health Parkway
Three Rivers, MI 29093
(269) 273-9816
(269) 273-9692 fax

Do you have Sleep Apnea?
Sleep Apnea can be a serious condition. Please answer the following questions to determine your risk of sleep apnea.

The "STOP BANG" Questionnaire

1. Do you **S**NORE loudly (heard through closed doors)?
2. Do you often feel **T**IRED, fatigued or sleepy during daytime?
3. Have you been **O**BSERVED to stop breathing during sleep?
4. Are you being treated for or have high blood **P**RESSURE?
5. Is your **B**ody Mass Index (BMI) greater than 35 kg/m2

   BMI= Weight in lbs X 703
   Height in inches X Height in inches
6. **A**ge - Are you over 50 years old?
7. **N**eck circumference - greater than 40 cms (15 ¾ inches)
8. **G**ender– Male?

High risk of OSA: Answered yes to 3 or greater items
Low risk of OSA: Answered yes to less than 3 items

Epworth Sleepiness Scale: Assessment of Daytime Sleepiness

Please complete the questions below. This is a measure of dozing or falling asleep, not just feeling tired. This is to reflect how you have felt most recently.

Use following scale to choose most appropriate number.
0 = Would never doze
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

Situation	Chance of Dozing (0 – 3)
Sitting and reading	
Watching television	
Sitting inactive in a public place (like a theater or 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 to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
Total =	

Scoring:
1-6 Enough sleep; 7-8 Average score; 9 and up is abnormal (consult sleep professional)