

Pulmonary Physicians of Gainesville, PA



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Screening For Obstructive Sleep Apnea (OSA)

Patient Name: \_\_\_\_\_ SS# \_\_\_\_\_ Age: \_\_\_\_\_ M/F

Do you use, or are you supposed to use, a breathing machine (CPAP or BiPAP) while you sleep?	YES	NO
Have you ever had a sleep study or polysomnogram (in which you slept overnight in a sleep lab while connected to test equipment) to determine if you have a sleep disorder?	YES	NO
In the last five years has any spouse or bed partner commented that you snore?	YES	NO
In the last five years has any spouse or bed partner commented that you makes noises (gasps or snorts) when you are sleeping?	YES	NO
In the last five years has any spouse or bed partner commented that you stop breathing or pause in breathing for more than 10 seconds at a time?	YES	NO
Do any of your blood relatives (NOT those who married into your family) have obstructive sleep apnea or use a breathing machine while they sleep at night?	YES	NO

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. This is called the Epworth Scale.

		Use the following scale to choose the most appropriate number for the situations described on the left
Sitting and reading	_____	
Watching TV	_____	0 No Chance of Dozing
Sitting inactive in a public place (for example a movie or a meeting)	_____	1 Slight Chance of Dozing
As a passenger in a car for an hour without a break	_____	2 Moderate Chance of Dozing
Lying down to rest in the afternoon when circumstances permit	_____	3 High Chance of Dozing
Sitting and talking to someone	_____	
Sitting quietly after a lunch without alcohol	_____	
In a car, while stopped for a few minutes in traffic	_____	
Total Epworth Scale:	_____	