

## Screening For Obstructive Sleep Apnea (OSA)

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Yes No**

- ☐ ☐ Do you snore?
- ☐ ☐ Are you excessively tired during the day?
- ☐ ☐ Have you been told you stop breathing during sleep?
- ☐ ☐ Do you have a history of hypertension?
- ☐ ☐ Is your neck size > 17 inches (male) or > 16 inches (female)?
- ☐ ☐ Do you wake up to use the bathroom more than twice a night?
- ☐ ☐ Have you ever fallen asleep while driving?

**"Yes" to two (or more) of these questions may be a positive screen for OSA. Patient should consider a referral for a sleep evaluation.**

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Please rate on a scale of 0 - 3 how likely you are to doze off in each of the following situations. The ratings are added to compile a total score.

0 = Would never doze, 1= Slight chance of dozing, 2= Moderate chance of dozing, 3=High chance of dozing

- 0 1 2 3 Sitting and reading
- 0 1 2 3 Watching television
- 0 1 2 3 Sitting inactive in a public place (theater or meeting)
- 0 1 2 3 As a passenger in a car for an hour without a break
- 0 1 2 3 Lying down in the afternoon when circumstances permit
- 0 1 2 3 Sitting and talking with someone
- 0 1 2 3 Sitting quietly after lunch with no alcohol
- 0 1 2 3 Driving a car while stopped for a few minutes in traffic

\_\_\_\_\_ **ADD TOTAL (Positive score if > 10)**

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**PHYSICIAN AREA**

- ☐ **SLEEP CONSULTATION**
- ☐ **SLEEP STUDY (Physician Please Complete Sleep Study Order Form)**
- ☐ **OVERNIGHT OXIMETRY (If Epworth Less Than 10)**

**Please Fax Completed Form To: Whitney Sleep Diagnostics (763) 201-5545 or (218) 844-6150,  
or call 877-844-6150**