

## Daytime Sleepiness

- 0 = would never doze or sleep
- 1 = slight chance of dozing or sleeping
- 2 = moderate chance of dozing or sleeping
- 3 = high chance of dozing or sleeping

Using the above scale, choose the most appropriate number for each situation:

Situation	Chance of Dozing or Sleeping
Sitting and Reading	
Watching TV	
Sitting inactive in a public place	
Being a passenger in a motor vehicle for an hour or more	
Lying down in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch (no alcohol)	
Stopped for a few minutes in traffic while driving	
<b>Total Score (add the scores up):</b>	

## Score Results :

- 1-6: Congratulations, you are getting enough sleep!
- 7-8: Your score is average
- 9 and up: Very sleepy and should seek medical advice

# Screening for Obstructive Sleep Apnea

Circle **YES** or **NO** to find out if you are at risk for Obstructive Sleep Apnea.

**S** (Snoring) Do you snore loudly? **YES NO**

**T** (Tired) Often feel tired, fatigued or sleepy during the day? **YES NO**

**O** (Observed) Have you been observed to stop breathing during sleep? **YES NO**

**P** (Blood Pressure) Do you have or are you being treated for high blood pressure? **YES NO**

**B** (BMI) BMI more than 35? **YES NO**

**A** (Age) Age over 50 years old? **YES NO**

**N** (Neck Circumference) Greater than 40 cm (16 in)? **YES NO**

**G** (Gender) Gender male? **YES NO**

**High Risk** of Obstructive Sleep Apnea: Answering **YES** to 3 or more items

**Low Risk** of Obstructive Sleep Apnea: Answering **YES** to less than 3 items