

Pulmonary & Critical Care Associates

SLEEP APNEA QUESTIONNAIRE

PATIENT INFORMATION (Please print)	Today's Date:
Name:	DOB:

STOP-BANG

Have you had a motor vehicle crash or near miss associated with drowsiness or excessive daytime sleepiness? (NEW PATIENTS ONLY)	1 – YES	0 - NO
Do you snore LOUDLY?	1 – YES	0 - NO
Tired or sleepy during the daytime?	1 – YES	0 - NO
Has someone noticed that you stop breathing at night?	1 – YES	0 - NO
Do you have a history of high blood pressure?	1 – YES	0 - NO
Is your BMI greater than 35?	1 – YES	0 - NO
Are you over 50 years old?	1 – YES	0 - NO
Is your neck size greater than 16 inches (40 cm)	1 – YES	0 - NO
Gender	1 – Male	0 – Female
TOTAL SCORE		

EPWORTH SLEEPINESS SCALE

Use the following scale to choose the most appropriate number for each situation:

0 = would **never** doze; 1 = **slight** chance of dozing; 2 = **moderate** chance of dozing; 3 = **high** chance of dozing

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive, in a public place (e.g. A 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 to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
TOTAL SCORE				

KEMP Single Item Quality of Life (QOL)

Instructions: Taking everything in your life into account, please rate your overall Quality of Life (QOL) on the following 7 point scale.

One (1) means life is very distressing; it's hard to imagine how it could get much worse.

Seven (7) means life is great; it's hard to imagine how it could get much better.

Four (4) means life is so-so; neither good nor bad.

Now where are you? Circle a number on the figure below that best describes your **current overall QOL**.

1	2	3	4	5	6	7
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Life is very distressing

Life is so-so.

Life is great.