

PERSONAL INFORMATION

Name:	Age:	Height:	Weight:
Date of Birth:	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Quit:	
Telephone:	MEIA ? <input type="checkbox"/> Yes (Need MEIA 2138)	<input type="checkbox"/> No	
Care Card No:	Do you have EHB Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physician:	If yes, provider:		
Referral Source:			
Do you feel you may have Obstructive Sleep Apnea : <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to undergo treatment for OSA: <input type="checkbox"/> Yes <input type="checkbox"/> No	

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations? This refers to normal activity during the past several months

Circle 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

SITUATION	CHANCE OF DOZING (Pre-CPAP)				CHANCE OF DOZING (Post-CPAP)			
Sitting and reading	0	1	2	3	0	1	2	3
Watching TV	0	1	2	3	0	1	2	3
Sitting inactive in a public place	0	1	2	3	0	1	2	3
As a passenger in a car for an hour	0	1	2	3	0	1	2	3
Laying down in the afternoon	0	1	2	3	0	1	2	3
Sitting and talking to someone	0	1	2	3	0	1	2	3
Sitting quietly after lunch (no alcohol)	0	1	2	3	0	1	2	3
In a car and stopped for a few minutes	0	1	2	3	0	1	2	3
TOTAL SCORE								

SIGNS AND SYMPTOMS

Please select all that apply to you:

OSA Symptoms

- Snoring
- Gasping or choking at night
- Pauses in breathing (> 10 sec.)
- Daytime tiredness or fatigue
- Restless sleep
- Difficulty concentrating
- Tiredness upon awakening
- Morning headache
- Memory loss
- Irritability
- Depression
- Anxiety
- High blood pressure – on medication: Yes No
- Frequent nocturnal urination (< than twice per night)
- Family history of OSA
- Crowded airway (Class I II III or IV)
- Large neck size (>17”M >16”F)

Other Symptoms

- Chronic pain
- Restless legs
- Limb jerking / twitching at night
- Insomnia
- Teeth grinding
- Sleep talking / walking
- Cataplexy, paralysis, hallucinations
- Sleep position *(please circle one)*
Lying down / sitting up / Side / Back / Stomach

Health Issues

- Obesity
- Hepatitis
- Diabetes
- Cardiac Disease _____
- Respiratory Disease _____
- Sinus congestion/allergies
- Dentures
- Gastric Reflux

Please fill this section out in the morning

Date: (Night One) _____

Test on Room Air: _____ Yes _____ No

On Oxygen: _____ Yes How many LPM? _____

Bed Time: _____

Awake at: _____ Until: _____

Awake at: _____ Until: _____

Awake at: _____ Until: _____

Awake at: _____ Until: _____

Awake at: _____ Until: _____

Morning Wake-Up Time: _____

How many hours did you sleep? _____

Was the oxygen probe on all night? _____

Do you feel rested? _____

Was last night's sleep typical? _____

Comments: _____

Date: (Night Two) _____

Test on Room Air: _____ Yes _____ No

On Oxygen: _____ Yes How many LPM? _____

Bed Time: _____

Awake at: _____ Until: _____

Awake at: _____ Until: _____

Awake at: _____ Until: _____

Awake at: _____ Until: _____

Awake at: _____ Until: _____

Morning Wake-Up Time: _____

How many hours did you sleep? _____

Was the oxygen probe on all night? _____

Do you feel rested? _____

Was last night's sleep typical? _____

Comments: _____

The Mallampati classification relates tongue size to pharyngeal size. This test is performed with the patient in the sitting position, the head held in a neutral position, the mouth wide open, and the tongue protruding to the maximum. The subsequent classification is assigned based upon the pharyngeal structures that are visible.

Class I = visualization of the soft palate, fauces, uvula, anterior and posterior pillars.

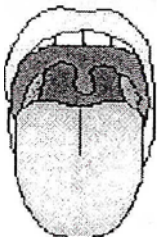
Class II = visualization of the soft palate, fauces and uvula.

Class III = visualization of the soft palate and the base of the uvula.

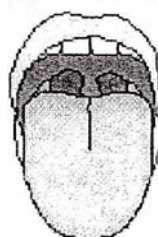
Class IV = soft palate is not visible at all.

The classification assigned by the clinician may vary if the patient is in the supine position (instead of sitting). If the patient phonates, there will be a falsely improved view. If the patient arches his or her tongue, the uvula is falsely obscured. A class I view suggests ease of intubation and correlates with a laryngoscopic view grade I 99 to 100% of the time. Class IV view suggests a poor laryngoscopic view, grade III or IV 100% of the time. Beware of the intermediate classes which may result in all degrees of difficulty in laryngoscopic visualization.

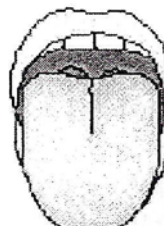
Mallampati Classification



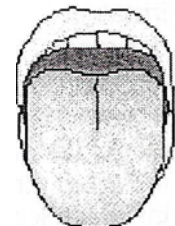
Class I



Class II



Class III



Class IV

Epworth Ratings: 7-10 Mild 11-16 Moderate 17+ Severe