Screening patients with possible OSAHS:
Appendix 2- The Epworth Sleepiness Score

Patients: How likely are you to doze off or fall asleep in the following situations in contrast to just feeling tired? Give an 'average' response for the last few weeks. Even if you have not done some of these things, it is important that you try to give a score that best reflects what it would be if you did.
Partners: please put down what you think their score is too, patients are not always the best judges of their own sleep problems!

Choose the appropriate score number from this scale:

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

	Date:	**Date:**
	Patient's score	**Partner's view**
Sitting & reading		
Watching TV		
Sitting inactive in a public place (e.g. a theatre or a meeting)		
As a passenger in a car for an hour without a break		
Lying down to rest in the afternoon (when circumstances permit)		
Sitting & talking to someone		
Sitting quietly after lunch (without alcohol)		
In a car (as the driver) while stopped for a few minutes in traffic		
TOTAL		

Screening patients with possible OSAHS:
Appendix 1- The Berlin Questionnaire

Name:
Address:
D.O.B:

Height…………metres Weight…………..Kg BMI……………Kg/m^2

Category 1: Your Snoring

1. Your snoring is:
- ☐ Slightly louder than breathing
- ☐ As loud as talking
- ☐ Louder than talking [boxed]
- ☐ Very loud: can be heard in adjacent rooms [boxed]

2. How often do you snore?
- ☐ Nearly every day [boxed]
- ☐ 3-4 times a week [boxed]
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

3. Has your snoring ever bothered other people?
- ☐ Yes [boxed]
- ☐ No
- ☐ Don't know

4. Has anyone noticed that you quit breathing during your sleep?
- ☐ Nearly every day [boxed]
- ☐ 3-4 times a week [boxed]
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

Category 1 is positive if one or more 'boxed' response is given ☐

Category 2: Tiredness & Fatigue

5. How often do you feel tired or fatigued after your sleep?
- ☐ Nearly every day [boxed]
- ☐ 3-4 times a week [boxed]
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

6. During your waking time, do you feel tired, fatigued or not 'up to par'?
- ☐ Nearly every day [boxed]
- ☐ 3-4 times a week [boxed]
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

7. Have you ever nodded of or fallen asleep while driving a vehicle?
- ☐ Yes [boxed]
- ☐ No

8. If yes, how often does this occur?
- ☐ Nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

Category 2 is positive if 2 or more 'boxed' responses are given ☐

Category 3: Other Risk Factors

9. Do you have high blood pressure (includes all people on treatment for blood pressure)?
- ☐ Yes [boxed]
- ☐ No
- ☐ Don't know

10. Is your Body Mass Index (BMI) greater than 30 Kg/m^2 (you may need the help of your doctor or nurse to answer this)?
- ☐ Yes [boxed]
- ☐ No

Category 3 is positive if one or more 'boxed' response is given ☐

Overall Risk Assessment for OSAHS: …
Low Risk: 0 or 1 positive category……. ☐
High Risk: 2 or more positive categories ☐