THE EPWORTH SLEEPINESS SCALE

Name...

How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired?

Using the following scale to choose the most appropriate number for each situation, please fill in the left hand column.

0 = would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

Situation	Chance of Dozing
Sitting and Reading	
Watching TV	
Sitting inactive in a public place (e.g. in a theatre or a meeting)	
As a passenger in a car without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting quietly after lunch without alcohol	
In a car whilst stopped for a few moments in traffic	

Thank you for your co-operation

STOPBANG

Screening Tool for Obstructive Sleep Apnoea

Please answer the following questions below:

		Yes	No
Snoring:	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?		
Tiredness or fatigue:	Do you often feel tired, fatigued or sleepy during the daytime – even after a good night's sleep?		
Observed apnoea:	Has anyone ever observed you stop breathing during your sleep?		
Pressure:	Are you being treated for high blood pressure?		
Body mass index over 35:	Height (meters): ________ Weight (kg): ________ BMI: ________		
Age:	Are you older than 50 years?		
Neck size:	Does your neck measure more than 40 cm around? If yes, what is the measurement? ________ cm		
Gender:	Are you male?		

Score [ ]

If you have answered Yes to 3 or more of these questions, there is a likelihood of Obstructive Sleep Apnoea.

DVLA

Do you have a driving licence? Yes ☐ No ☐

If yes what type:

Standard ☐

PSV ☐

HGV ☐

COMORBIDITIES

Do you suffer from hypertension? Yes ☐ No ☐

Do you suffer from type 2 diabetes? Yes ☐ No ☐