<u>Epworth Sleepiness Scale</u>

Patient Name: _____   **DOB:** _____

The Epworth Sleepiness Scale is one of many determining factors we must submit to your insurance company in order to get approval for your sleep disorder diagnosis and/or treatment. This test is used to determine your level of sleepiness/tiredness/fatigue during the day. Patients with a low level of daytime sleepiness will need to meet several other factors in order to be approved for sleep testing and/or treatment.

Even if you have not done some of these things recently, answer the likelihood that it would happen if you were in that situation. Remember this test measures your likelihood to doze off, not necessarily fall completely asleep.

Use the following scale to choose the most appropriate answer for each situation.

How likely are you to **<u>doze off</u>** in the following situations (please circle answer)?

					Clinical Use Only
Sitting and reading	None	Slight	Moderate	High	
Watching TV	None	Slight	Moderate	High	
Sitting, inactive, in a public place (theater or meeting)	None	Slight	Moderate	High	
As a passenger in a car for an hour with no break	None	Slight	Moderate	High	
Lying down to rest in the afternoon (when/if circumstances permit)	None	Slight	Moderate	High	
Sitting and talking someone	None	Slight	Moderate	High	
Sitting quietly after lunch (no alcohol)	None	Slight	Moderate	High	
In a car while stopped for a few minutes in traffic	None	Slight	Moderate	High	

Total (Clinical Use Only)   _____

Patient Signature: _____   **Date:** _____

Sleep Study Comorbidity Questionnaire

Patient Name: _____   DOB: _____

Please check any and all that apply:

_____ Severe pulmonary disease – COPD, Emphysema, Asthma, etc
           CLINICAL STAFF USE - FEV1/FVC < 0.7 or FEV1 < 80% of predicted

_____ Oxygen dependent

_____ Neuromuscular disease

_____ Stroke within preceding 30 days

_____ Epilepsy

_____ Nocturnal seizures

_____ Congestive Heart Failure
           CLINICAL STAFF USE - class III or IV or LVEF < 45%

_____ Ventricular fibrillation or SVT

_____ BMI greater than 45

_____ BMI greater than 50

_____ Mobility or dexterity problems

_____ Cognitive impairment, trouble following directions

_____ None of the above apply