



# Patient OSA Screening Form

## SLEEP SCIENCE CLINICS (TX)

7215 Wyoming Springs, Suite 600, Round Rock, TX 78681 / 800 Brazos, Suite 1400 The Penthouse Austin, TX 78701  
Tel: (512) 255-2727 Fax: (512) 255-6277



ACCREDITED  
SLEEP LAB

Name \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Age \_\_\_\_\_ Male/Female \_\_\_\_\_

### STOP-BANG Questionnaire

Is it possible that you have....  
Obstructive Sleep Apnea (OSA)?

- Y            N        **S**noring? Do you Snore Loudly (loud enough to be heard through closed doors/walls or your bed partner elbows you for snoring at night)?
- Y            N        **T**ired? Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?
- Y            N        **O**bserved? Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep?
- Y            N        **P**ressure? Do you have or are being treated for High Blood Pressure
- Y            N        **B**ody Mass Index more than 35kg/m<sup>2</sup>?
- Y            N        **A**ge over 50 years old?
- Y            N        **N**eck circumference > 16 inches (40cm)?
- Y            N        **G**ender Male?

\_\_\_\_\_ Total Score

**High risk of OSA: Yes 5 – 8**

**Intermediate risk of OSA: Yes 3 – 4**

**Low risk of OSA: Yes 0 - 2**



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NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

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

*It is important that you answer each question as best you can.*

<u>Situation</u>	<u>Chance of Dozing (0-3)</u>
Sitting and 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 and talking to someone-	_____
Sitting quietly after a lunch without alcohol-	_____
In a car, while stopped for a few minutes in the traffic-	_____
00 - 09: Normal Range 10 - 12: Borderline 13+: Abnormal	<b><u>TOTAL</u></b> _____

### Do you have the following:

<i>General Health:</i>	Drug Resistant Hypertension	Y/N/Don't know
	Overweight	Y/N/Don't know
	Pacemaker	Y/N/Don't know
	Atrial Fibrillation	Y/N/Don't know
	Diabetes	Y/N/Don't know
	Any Hypertension	Y/N/Don't know
	Coronary Artery Disease	Y/N/Don't know
<i>Psychiatric:</i>	Depression	Y/N/Don't know
<i>Female Patients:</i>	Polycystic Ovarian	Y/N/Don't know
	Pregnant (third trimester)	Y/N/Don't know



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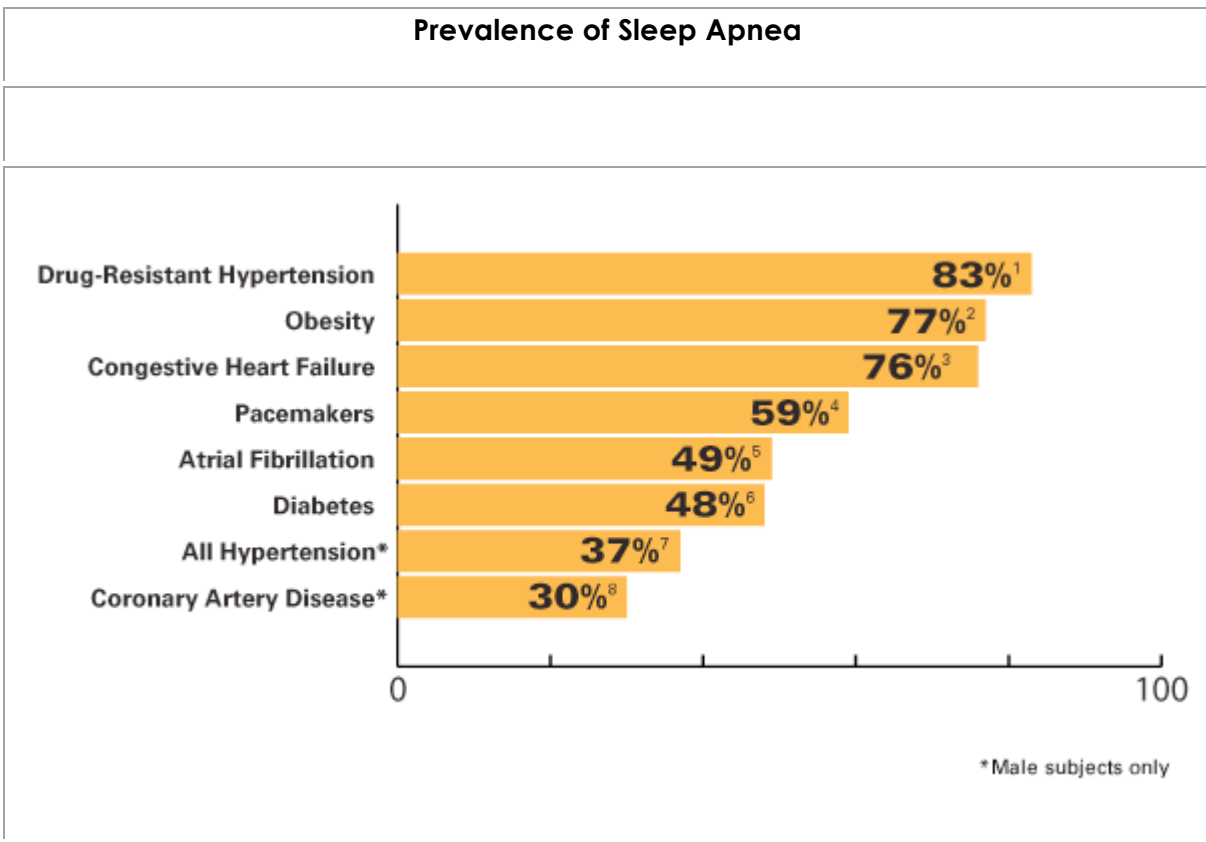
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### Co morbidities

People who suffer from sleep apnea are often tired, depressed and lack energy throughout the day. Sleep apnea may also negatively affect co-morbidities. Treating sleep apnea allows people to feel better. However, in spite of the high prevalence and seriousness of the condition, nearly 80% of people with sleep apnea remain undiagnosed and untreated.



Initial Sleep Study     Follow Up Sleep Study     I am interested in Oral Appliance Options



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Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Neck Size: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Allergy Screening Questions

- \_\_\_\_\_ Do you have or feel nasal congestion, runny nose, sneezing, or itchy nose?
- \_\_\_\_\_ Do you feel sinus pressure, congestion or headaches?
- \_\_\_\_\_ Do you have coughing in the day or night time?
- \_\_\_\_\_ Do you have symptoms of wheezing, chest tightness, or shortness of breath?

### Preferred Location For Your Sleep Study:

\_\_\_\_\_ 7215 Wyoming Springs Round Rock

\_\_\_\_\_ 800 Brazos St. Suite 1400 Austin

### Your Primary Care Physician Information:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone No. \_\_\_\_\_