

# Medical Necessity for Evaluation of Sleep Disorders

## STOP-BANG • EPWORTH SLEEPINESS SCALE

Patient: \_\_\_\_\_

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

STOP		
Do you <b>SNORE</b> loudly (louder than talking or loud enough to be heard through a closed doors)?	YES	NO
Do you often feel <b>TIRED</b> , fatigued, or sleepy during the daytime?	YES	NO
Has anyone <b>OBSERVED</b> you stop breathing during your sleep?	YES	NO
Do you have or are you being treated for high blood <b>PRESSURE</b> ?	YES	NO

BANG		
<b>BMI</b> more than 35kg/m <sup>2</sup> ?	YES	NO
<b>AGE</b> over 50 years old?	YES	NO
<b>NECK</b> circumference > 15.75 (40cm)?	YES	NO
<b>Male GENDER</b> ?	YES	NO

Calculate OSA Risk	>3 yes answers: High-risk	<3 yes answers: Low-risk
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SCENARIO	HOW LIKELY ARE YOU TO DOZE OFF:			
	0 = WOULD NEVER DOZE	1 = SLIGHT CHANCE OF DOZING	2 = MODERATE CHANCE OF DOZING	3 = HIGH CHANCE OF DOZING
Sitting and Reading:	0	1	2	3
Sitting Inactive in a Public Place:	0	1	2	3
As a passenger in a car for an hour with no break:	0	1	2	3
Lying down to rest in the afternoon when you can:	0	1	2	3
Sitting and Talking to Someone:	0	1	2	3
Sitting quietly after lunch without alcohol:	0	1	2	3
In a car while stopped for a few minutes in traffic:	0	1	2	3
Watching TV:	0	1	2	3

0-5 = NORMAL  
 6-9 = MILD  
 10-15 = MODERATE  
 16-24 = SEVERE

WHAT IS YOUR EPWORTH SCORE?