

Medical Necessity for Evaluation of Sleep Disorders

STOP-BANG • EPWORTH SLEEPINESS SCALE

Patient: _____

DOB: _____

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

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

| | | |
|--------------------|---------------------------|--------------------------|
| Calculate OSA Risk | >3 yes answers: High-risk | <3 yes answers: Low-risk |
|--------------------|---------------------------|--------------------------|

| 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?