



# MEDICAL ACCESS / GPCA

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Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

1. Do you **SNORE** loudly (louder than talking or loud enough to be heard through closed doors)? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Do you often feel **TIRED**, fatigued, or sleepy during daytime? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Has anyone **OBSERVED** you stop breathing during your sleep? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Do you have or are you being treated for high blood **PRESSURE**? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. **BMI** more than 35? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. **AGE** over 50 years old? \_\_\_\_\_ YES \_\_\_\_\_ NO
7. **NECK** circumference >15.75 inches? \_\_\_\_\_ YES \_\_\_\_\_ NO
8. Male **GENDER**? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## Epworth Sleepiness Scale

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

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

0 = Not likely to doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High Chance of dozing

SITUATION	CHANCES OF DOZING (0-3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theater 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	