

**AUTHORIZATION TO RELEASE INFORMATION TO THE BELOW
LISTED REFERRING AND TREATING HEALTH CARE**

PROFESSIONALS:

Doctors Name

Location/Phone

I authorize the release of communications regarding my treatment with _____ including a full report of examination findings, diagnosis, treatment plan, and progress reports to the providers listed above.

Signed _____ Date _____

Daytime Sleepiness Evaluation

Epworth Sleepiness Scale

The Epworth Sleepiness Scale was developed and validated by Dr. Murray Johns of Melbourne Australia. It is a simple, self-administered questionnaire –widely used by sleep professionals in quantifying the level of daytime sleepiness.

For the following situations, answer with one of the following numbers:

0 - Would never doze

1 - slight chance of dozing

2 - moderate chance of dozing

3 - high chance of dozing

Situation	Score
Sitting and reading	
Watching Television	
Sitting, inactive in a public place	
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 traffic	
Total Score	

Nighttime Sleepiness Evaluation

Screening Tool for Sleep Apnea

Developed by David White, M.D., Harvard Medical School, Boston, MA

Please answer the following questions.

1. Snoring

a) Do you snore on most night (> 3 nights per week)?

Yes (2)

No (0)

b) Is your snoring loud? Can it be heard through a door or wall?

Yes (2)

No (0)

2. Has it ever been reported to you that you stop breathing or gasp during sleep?

Never (0)

Occasionally (3)

Frequently (5)

3. What is your collar size?

Male: Less than 17 inches (0) more than 17 inches (5)

Female: Less than 16 inches (0) more than 16 inches (5)

4. Do you occasionally fall asleep during the day when:

a) You are busy or active?

Yes (2)

No (0)

b) You are driving or stopped at a light?

Yes (2)

No (0)

5. Have you had or are you being treated for high blood pressure?

Yes (1)

No (0)

TOTAL

Score

9 points or more

Refer to sleep specialist or order sleep study

6-8 points

Gray area, use clinical judgment

5 points or less

Low probability of sleep apnea