

Greenwich Sleep Apnea

Monika Vermani, D.M.D
Gerald L. Cohen, D.D.S
40 West Elm Street, 1E
Greenwich, CT 06830
(203)869-2666

Thornton Snoring Scale

Snoring has a significant effect on the quality of life for many people. Snoring can affect the person snoring and those around him/her, both physically and emotionally. Use the following scale to choose the most appropriate number for each situation.

0 = Never

1 = Infrequently (1 night per week)

2 = Frequently (2-3 nights per week)

3 = Most of the time (4 or more nights per week)

My snoring affects my relationship with my partner: _____

My snoring causes my partner to be irritable or tired: _____

My snoring requires us to sleep in separate rooms: _____

My snoring affects people when I am sleeping away from home (hotels, camping, etc): _____

STOP-BANG Sleep Apnea Questionnaire

Circle one

- | | | |
|--|-----|----|
| 1. Snoring
Do you snore loudly? (Loud enough to be heard through closed doors) | YES | NO |
| 2. Tired
Do you often feel tired, fatigued, or sleepy during the day? | YES | NO |
| 3. Observed
Has anyone ever observed you stop breathing during your sleep? | YES | NO |
| 4. Blood Pressure
Do you or are you being treated for high blood pressure? | YES | NO |
| 5. BMI
BMI more than 23kg/m ² ? (Obese) | YES | NO |
| 6. Age
Are you over 50 years old? | YES | NO |
| 7. Neck circumference
For male, is your shirt collar 17 inches/43cm or larger?
For women, is your shirt collar 16 inches/ 41cm or larger? | YES | NO |
| 8. Gender
Male? | YES | NO |

High risk of OSA: Answering yes to three or more

Low risk of OSA: Answering yes to less than three items

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Epsworth Evaluation

How likely are you to dose 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.

Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (e.g. theater or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting quietly after a lunch break	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3

TOTAL: _____

Please check all that apply.

- Falls asleep instantly
- Feeling tired all day
- Wakes up to use the bathroom
- Heart palpitations
- Nighttime sweating
- Poor concentration/memory problems
- Low libido
- Gasping at night or being told you do
- Feels moody or irritable
- Morning headache
- Feels dizzy
- Snoring
- Recent weight gain in last 6 months
- Hard to fall asleep or stay asleep
- Not feeling refreshed upon waking
- Dry mouth/primarily a mouth breather
- Sour taste in your mouth while sleeping or upon waking
- Shortness of breath

Patient Name: _____ Date: _____