[Insert Practice Name Here] Patient Name:_____ Date: _____

Sleep Assessment Questionnaires

1. STOP-BANG Questionnaire

Please circle either Yes or No for each question below:

S: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	Yes / No
T: Do you often feel tired, fatigued, or sleepy during the daytime?	Yes / No
O: Has anyone observed you stop breathing during your sleep?	Yes / No
P: Do you have or are you being treated for high blood pressure?	Yes / No
B: Is your BMI more than 35 kg/m²?	Yes / No
A: Are you over 50 years old?	Yes / No
N: Is your neck circumference greater than 16 inches (40 cm)?	Yes / No
G: Are you male?	Yes / No

Scoring: Score 1 point for each 'Yes' response.

0–2: Low risk of OSA 3–4: Intermediate risk of OSA 5–8: High risk of OSA

- High risk also includes: Yes to 2 of STOP questions AND BMI >35 or Male gender or Neck circumference >16 inches

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2. Epworth Sleepiness Scale (ESS)

Rate your chance of dozing off in the following scenarios:

0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing

3 = high chance of dozing

Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g., theater or 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 lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
Total Score:	

Scoring:

- 0–7: Unlikely to have excessive daytime sleepiness
- 8–10: Mild sleepiness
- 11–15: Moderate sleepiness – may require medical evaluation
- 16–24: Severe sleepiness – high risk, seek medical attention

[Insert Practice Name Here] Patient Name:_____ Date: _____

3. Thornton Snoring Scale

If you snore, it doesn't only affect you—it can also affect others. The Thornton Snoring Scale helps determine how your snoring impacts those around you.

Choose the most appropriate number for each question:
0 = Never
1 = Infrequently (1 night per week)
2 = Frequently (2–3 nights per week)
3 = Most of the time (4+ nights per week)
(Go to question #4 if you have no bed partner.)

1. My snoring affects my relationship with my partner:	
2. My snoring causes my partner to be irritable or tired:	
3. My snoring requires us to sleep in separate rooms:	
4. My snoring is loud:	
5. My snoring affects people when I am sleeping away from home:	
Total Score:	

Thornton Scoring Analysis:

- 0–4: Mild impact
- 5 or higher: Snoring likely affects relationships or others – medical consultation is recommended