ESS & GASP

Patient Name: _____ Date: _____

Height: _____ Weight: _____ DOB: _____

Epworth Sleepiness Scale (ESS)

The Epworth Sleepiness Scale helps determine how likely you are to doze off or fall asleep in the following situations, in contrast to just feeling tired. This refers to your usual way of life in recent times. **Even if you have not experienced some of these activities recently, try to predict how they would affect you.**

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

0 = I would never doze
1 = I have a slight chance of dozing
2 = I have a moderate chance of dozing
3 = I have a high chance of dozing

Chance of Dozing	*Situation*
0 1 2 3	1. Sitting and reading
● 1 2 3	2. Watching TV
0 1 2 ●	3. Sitting inactive in a public place (e.g., a theater or a meeting).
● 1 2 3	4. As a passenger in a car for an hour without a break
0 1 2 ●	5. Lying down to rest in the afternoon when circumstances permit
● 1 2 3	6. Sitting and talking to someone
0 1 2 ●	7. Sitting quietly after a lunch without alcohol
● 1 2 3	8. In a car while stopped for a few minutes in traffic
_____	Total

Graduated Apnea Screening Protocol (GASP)

Yes	No	Not Sure	
☐	☐	☐	Have you ever been diagnosed with obstructive sleep apnea?
☐	☐	☐	Are you currently being treated for obstructive sleep apnea?
☐	☐	☐	Have you been told (or noticed on your own) that you snore most nights?
☐	☐	☐	Have you been told (or noticed on your own) that you stop breathing or struggle to breathe in your sleep?
☐	☐	☐	Are you tired, fatigued or sleepy on most days?
☐	☐	☐	Do you have acid indigestion or high blood pressure, OR use medication to control either of these conditions?
☐	☐	☐	Are you overweight?

Σ____ + Σ____ = 0 1 2 3 4 ●

Are you aware of clenching or grinding your teeth at night? ☐ Yes ☐ No