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Patient Name: _____
Last First MI Preferred Name

Height _____

Weight _____

Neck Size _____

Primary Care Physician Name and Phone Number

BMI (leave blank, staff will calculate) _____

STOP BANG Screener

S (snore)

Do you snore often (3 or more nights a week)? Yes No

T (tired)

Do you feel fatigued during the day? Do you wake up feeling like you haven't slept? Yes No

O (obstruction)

Have you been told you stop breathing at night? Do you gasp for air or choke while sleeping? Yes No

P (pressure)

Do you have high blood pressure or are on medication to control high blood pressure? Yes No

SCORE: If you checked YES to two or more questions on the STOP portion you are at risk for OSA

B (BMI)

Is your body mass index greater than 28? Yes No

A (age)

Are you 50 years or older? Yes No

N (neck)

Are you a male with neck circumference greater than 17 inches, or a female with neck circumference greater than 16 inches? Yes No

G (gender)

Are you a male? Yes No

SCORE: The more questions you checked YES to on the BANG portion, the greater your risk of having moderate to severe OSA

Epworth Sleepiness Scale (Rate with 0-3 scale)

How likely are you to doze off or fall asleep in the situations described below, 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 chose the most appropriate number for each situation:

0 = Would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

Sitting and reading

0 1 2 3

Watching TV

0 1 2 3

Sitting inactive in a public place (e.g. a theater or a meeting)

0 1 2 3

Sitting in a car as a passenger for a continuous hour

0 1 2 3

Lying down to rest in the afternoon when circumstances permit

0 1 2 3

Sitting and talking to someone

0 1 2 3

Sitting quietly after a lunch without alcohol

0 1 2 3

Sitting in a car stopped in traffic for a few minutes

0 1 2 3

Total Score _____

SCORE: 0-10 Normal range __ 10-12 Borderline __ 12-14 Sleepy

Response Date: ___ / ___ / _____