Preoperative Questionnaire / Sleep Evaluation

Patient Name: ______________________________  Date: __________________

1. Have you ever been diagnosed with sleep apnea or use CPAP?
   □ Yes  □ No
   If yes, are you using CPAP generally every night for more than 4 hours per night?
   □ Yes  □ No

2. Do you have high blood pressure or have you been told to take medication for high blood pressure?
   □ Yes  □ No

3. People who have shared (or are sharing) my bedroom tell me that I snore. Please pick the best response for the frequency of snoring:
   □ I don’t know
   □ Never
   □ Rarely (1-2 times per year)
   □ Occasionally (4-8 times per year)
   □ Sometimes (1-2 times per month)
   □ Often (1-2 times per week)*
   □ Usually (3-5 times per week)*
   □ Always (every night)*

4. I have been told by other people that I gasp, choke, snort or stop breathing while I am sleeping. Please pick the best response for the frequency of any of these symptoms:
   □ I don’t know
   □ Never
   □ Rarely (1-2 times per year)
   □ Occasionally (4-8 times per year)
   □ Sometimes (1-2 times per month)
   □ Often (1-2 times per week)*
   □ Usually (3-5 times per week)*
   □ Always (every night)*

Neck Measurement: ______ cm  Total Number of Historical Features: ______

Prediction of OSA - Sleep Apnea Clinical Score

<table>
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<th>Neck Circ (CM)</th>
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<th>One</th>
<th>Both</th>
<th>None</th>
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<td>2</td>
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<td>19</td>
<td>32</td>
<td>53</td>
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</table>

*Historical Features: 1. Habitual snoring  2. Partner reports of gasping, choking or snoring

Probability of sleep apnea

□ Low – Sleep Apnea Clinical Score <8
□ Borderline – Sleep Apnea Clinical Score 8-14
□ High – Sleep Apnea Clinical Score ≥15

□ Patient may be a difficult intubation (micrognathic mandible, large tongue base, narrow oropharyngeal inlet, enlarged tonsils).

Note: If checked, consider a PSG evaluation, especially if patient reports excessive daytime sleepiness in spite of a low Sleep Apnea Clinical Score.