

**SLEEP ASSESSMENT ORDER FORM
(Epworth, Neck Size, Mallampati)**

Scoring high in 2 or more of the following risk assessments may indicate a strong need for referral.

AnMed Health Lung and Sleep Center
2000 East Greenville Street, Suite 1200
Anderson, South Carolina 29621 (864)512-4900

Patient Name: _____ DOB: _____

Sex: M F

Daytime Phone #: _____

Epworth:

How likely are you to doze-off or fall asleep in the following situation(s), in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would effect you. Use the following scale to choose the most appropriate response for each situation.

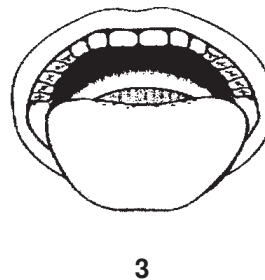
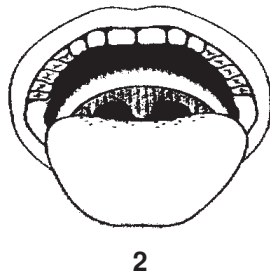
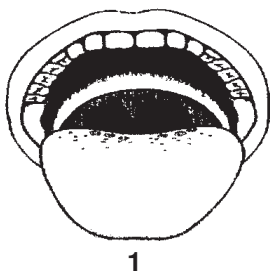
0 = Would never doze 1 = Slight chance of dozing 2 = Moderate chance of dozing 3 = High chance of dozing

Sitting and reading	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Watching TV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting inactive in a public place (such as a theater or a meeting)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
As a passenger in a car for an hour without a break	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting and talking to someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting quietly after a lunch without alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
In a car while stopped for a few minutes in the traffic	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Score _____

1-6 Getting enough sleep 7-8 Average, consider placing emphasis on better sleep habits ≥ 9 Consult with a sleep specialist may be warranted

Mallampati:



Score _____

Neck Size:

≥ 16 for female, or ≥ 17 for a male.

HT: _____ WT: _____ BMI: _____

Assessment completed by: _____ Date: _____

Please arrange an outpatient sleep study

Ordering physician: _____
(Physician Signature)

Neck Size = _____ in.
Epworth Score = _____
Mallampati Score = _____
BMI = _____