

<b>Epworth</b>			
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How likely are you to doze off or fall asleep in the following situations?			
Sitting and Reading	Sitting and reading	Watching TV	Sitting inactive in a public place (e.g., a theater or a 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 a lunch without alcohol
In a car, while stopped for a few minutes in traffic		Total Score	

<b>CPAP Intolerance</b>			
CPAP Intolerance			
Refuses CPAP	Mask leaks	Inability to get the mask to fit properly	Discomfort from headgear
Disturbed or interrupted sleep	Noise disturbing sleep and/or bed partner's sleep	CPAP restricted movements during sleep	CPAP does not seem to be effective
Pressure on the upper lip causing tooth related problems	Latex allergy	Claustrophobic associations	An unconscious need to remove the CPAP
Does not resolve symptoms	Noisy	Cumbersome	

<b>Other Therapy Attempts</b>			
Other Therapy Attempts			
What other therapies have you had?			
Dieting	Weight loss	Surgery (Uvuloplasty)	Surgery (Uvulectomy)
Pillar procedure	Smoking cessation	CPAP	BiPAP
Uvulectomy (but continues to have symptoms)	Uvuloplasty (but continues to have symptoms)	Positional therapy (side sleeping)	Nasal strips
Additional Information:			

<b>Treatment History</b>			
Treatment History			
List any treatments you have had for this problem and any health professionals that you are currently seeing			
Treatment			
Practitioner's Name	Specialty	Treatment	Approximate Date
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Additional Information:			

<b>Sleep History</b>			
<b>Previous Diagnosis</b>			
Previously diagnosed with obstructive sleep apnea?	If yes, when was it (approximately how long ago?):		
<b>Snoring is reported as:</b>			
Frequency	Severity	Worse when sleeping on your back	Worse following alcohol late at night
<b>Witnessed apneas are:</b>			
Worse when sleeping on your back	Worse following alcohol late at night		
<b>Sleep</b>			
Sleep How long does it take to fall asleep? (minutes)	Normally go to bed at	Hours you sleep per night:	Are you using a sleep aid:
Bruxism (grinding teeth)	Dry mouth	Excessive movements	Gasping
Getting up <# of times> per night	Restless legs	Waking up and having difficulty returning to sleep	Dreaming
<b>Wake</b>			
Sleepy while driving	Awakens unrefreshed	Has morning headaches	Naps