**Whittington Health NHS Trust Obstructive Sleep Apnoea Service**

**Electronic Referral System Prerequisite Form – Submit with clinic letter**

Link to useful website – [www.sleep-apnoea-trust.org](http://www.sleep-apnoea-trust.org)

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Hypothyroidism |  |  |
| Anxiety and/ or depression |  |  |
| Heart failure |  |  |
| Occupational driver |  |  |
| Is an interpreter required? |  |  |
| If yes; which language? |  |  |

STOPBANG

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **S**nore: Do you snore loudly (louder than talking)? |  |  |
| **T**iredness: Do you often feel tired, fatigued, or sleepy during daytime?  |  |  |
| **O**bserved Apnoea: Has anyone observed you stop breathing during your sleep? |  |  |
| **P**ressure (blood): Do you have or are you being treated for high BP? |  |  |
| **B**ody Mass Index (BMI) more than 35? |  | kg/m2 |
| **A**ge over 50? |  |  |
| **N**eck circumference greater than 40cm? |  |  |
| **G**ender male? |  |  |
| Total |  |  |

Epworth Sleepiness Scale

In the last few weeks how likely is it that you would doze off or fall asleep in the following situations (instead of just feeling tired). Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

Chance of dozing**: 0** - Never; **1** - Slight; **2** - Moderate; **3** - High

|  |  |
| --- | --- |
| Situation: | Chance of dozing |
| Sitting and reading |  |
| Watching television |  |
| Sitting, inactive in a public place (e.g. theatre or 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 lunch without alcohol |  |
| In a car, while stopped for a few minutes in the traffic, or at traffic lights. |  |
| **Total** |  |

**STOPBANG sores <4 and Epworth sleepiness scale (ESS) <11 mean patients are unlikely to have OSA or adhere to our treatment. Low scores must clearly state why the referral is still warranted.**