



ANNE ARUNDEL EARS, NOSE & THROAT
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SLEEP APNEA EVALUATION QUESTIONNAIRE

Patient Name: _____ **Date:** _____

- Have you taken a sleep study before? Yes No
- If yes, in a sleep lab? Yes No
- Are you on oxygen? Yes No
- Are you already on a CPAP? Yes No

CIRCLE ANY RISK FACTORS WHICH YOU HAVE

- | | | |
|-----------------------------|---------------|----------|
| High Blood Pressure | Heart Disease | Stroke |
| Frequent urination at night | Insomnia | Diabetes |
| Depression | Overweight | |

SLEEP DISORDER SYMPTOMS

- | | | | |
|---|-------|-----------|-------|
| Do you snore? | Never | Sometimes | Often |
| Do you stop breathing while sleeping? | Never | Sometimes | Often |
| Do you wake during the night? | Never | Sometimes | Often |
| Do you suddenly wake-up gasping for air? | Never | Sometimes | Often |
| Do you wake in the morning feeling tired? | Never | Sometimes | Often |
| Do you wake in the morning with a headache? | Never | Sometimes | Often |

SLEEPING EVALUATION

- | | | | |
|---|-------|-----------|-------|
| Do you get sleepy or doze off while sitting? | Never | Sometimes | Often |
| Do you get sleepy or doze off while watching TV? | Never | Sometimes | Often |
| While sitting or inactive in a public place? | Never | Sometimes | Often |
| As a passenger in a car for hour with no break? | Never | Sometimes | Often |
| Lying down to rest in the afternoon? | Never | Sometimes | Often |
| Sitting and talking to someone? | Never | Sometimes | Often |
| Sitting quietly after lunch without alcohol? | Never | Sometimes | Often |
| In a car, while stopped for a few minutes in traffic? | Never | Sometimes | Often |



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POTENTIAL INDICATOR FOR OSA: LOW RISK MODERATE RISK HIGH RISK

DIAGNOSTIC STUDY INDICATED

O	O	O
Multi-night Sleep Study including Titration Test	Multi-night Sleep Study 3-night test data collection	Titration Test Only

OBSTRUCTIVE SLEEP APNEA ICD-9 CODES

780.50 Sleep Disturbance, Unspecified	780.53 Hypersomnia with sleep apnea	Other code # and title:
780.51 Insomnia with sleep apnea	780.57 Other and Unspecified sleep apnea	

Physician Signature

Date

Physician Name

Date

Attach copy of front and back of patient's insurance card

Submit via toll free fax number: 1-866-216-5200 Phone number: 1-877-753-3776