



**Anne Arundel ENT &  
Facial Plastic Surgery**

Tel: 410-573-9191 Fax: 410-573-9510

600 Ridgely Ave., Suite 110      479 Jumpers Hole Road, Suite 304  
Annapolis, MD 21401      Severna Park, MD 21146

621 Ridgely Ave, Suite 401  
Annapolis, MD 21401

**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	<b>No</b>
Are you already on a CPAP?	Yes	No

**CHECK 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