



MASS LUNG
&
ALLERGY
PC

Date: _____

Name: _____

DOB: _____

EPWORTH SLEEPINESS SCALE

The Epworth sleepiness scale is used to determine the level of daytime sleepiness. A score of 10 or more is considered sleepy. A score of 18 or more is very sleepy. If you score 10 or more on this test, you should consider whether you are obtaining adequate sleep, needs to improve your sleep hygiene and/or need to see a sleep specialist. These issues should be discussed with your physician or medical provider.

Use the following scale to choose the most appropriate number for each situation:

0 = would *never* doze or sleep

1 = *slight* chance of dozing or sleeping

2 = *moderate* chance of dozing or sleeping

3 = *high* chance of dozing or sleeping

- Sitting and reading _____
- Watching TV _____
- Sitting inactive in a public place _____
- Being a passenger in a car for 1 hour or more _____
- Lying down in the afternoon _____
- Sitting and talking to someone _____
- Sitting quietly after lunch (no alcohol) _____
- Stopped for a few minutes in traffic while driving _____

Total Epworth Score: _____



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Mass Lung & Allergy, PC

NPI (Tufts and Blue Cross): 1326305368

NPI (all other insurances): 1679734545

Tax ID: 262792629

PATIENT CLINICAL DATA REQUIRED FOR PRE-AUTHORIZATION

Patient Name: _____ DOB: _____

Height _____ Weight _____ BMI _____ Epworth Score _____

a. Initial Sleep Study _____ Repeat Sleep Study _____

b. Current Reported Patient Complaints/Signs and Symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Disruptive snoring | <input type="checkbox"/> Nocturia |
| <input type="checkbox"/> Excessive daytime sleepiness | <input type="checkbox"/> Morning headaches |
| <input type="checkbox"/> Disturbed or restless sleep | <input type="checkbox"/> Inability to fall asleep/insomnia |
| <input type="checkbox"/> Witnessed apneas, choking, gasping | <input type="checkbox"/> Restless or jerking legs |
| <input type="checkbox"/> Frequent unexplained arousals from sleep | <input type="checkbox"/> Suspected cataplexy |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nocturnal seizures |
| <input type="checkbox"/> Fatigue interfering with daily activities/driving/work performance | |

c. Suspected Sleep Disorder:

- | | |
|--|--|
| <input type="checkbox"/> Obstructive Sleep Apnea | <input type="checkbox"/> Idiopathic Hypersomnia |
| <input type="checkbox"/> Central Sleep Apnea | <input type="checkbox"/> Suspected Parasomnia |
| <input type="checkbox"/> Suspected Narcolepsy | <input type="checkbox"/> Circadian Rhythm Disorder |
| <input type="checkbox"/> Periodic Leg Movement Disorder (PLMD) | <input type="checkbox"/> Suspected REM Behavioral disorder |
| <input type="checkbox"/> Restless Leg Syndrome | |