



_____	اسم المريض:
_____	التاريخ:
_____	الرقم:

Personal History

- Name: _____
- Age: _____ years
- Sex: ♂ ♀ menopause
- Social status: _____ offspring: _____
- Work: _____
- Shift work: _____
- Smoking: _____ index _____
- Other special habits: _____
- Address: _____
- Home phone: _____
- Mobile phone: _____

Medical History

Co morbidity: _____

Drugs: _____

Intervention: _____

Laboratory Examination: _____

Main complaint/cause of visit

A- Anatomical:

- Large tonsils
- Large adenoids
- Preoperative _____ type of operation _____

B- Nighttime Complaints:

- Snoring
- Observed apnea
- Insomnia
- Other: _____

C- Daytime Complaints:

- Difficulty waking up
- Excessive daytime sleepiness
- Tiredness
- Irritability
- Hyperactivity
- Behavioral problems
- Other: _____

D- Titration session: _____

E- Follow up session: _____ after _____

Present history

- Loud habitual Snoring
- Daytime Sleepiness
- Dry mouth on awakening
- Witnessed apneas during sleep
- Awakens with choking or gasping sensation
- Awakens with dyspnea
- Tired in morning after sleep at night
- Awakens with a headache
- Frequent nocturnal awakenings to urinate
- Motor Vehicle Accidents or near accidents or falling asleep at a wheel
- Accident or near accident in critical work due to poor attention
- Parasomnia:
 - confusional arousal
 - sleep talk
 - sleep walk
 - sleep terror
 - Others: _____
- Insomnia
- Tingling or numbness of legs (more in the evening and night ↑with rest and ↓with movement).
- Impotence
- Increased Weight in the last years
- Cataplexy
- Sleep paralysis
- Hypnagogic/hypnapompic hallucinations

Examination

Height: _____ cm

Weight: _____ cm

BMI: _____

Neck circumference: _____ cm

Waist circumference: _____ cm

Resp. Rate: _____ b/min

Complexion: _____

Pulse oximetry: _____ %

If O₂ Sat < 93% please ask for ABGs

Pulse: rate: _____ Rhythm: _____

Blood pressure: _____ mm Hg

Facial deformities: Acromegally, Retrognathia, Micrognathia, Midface hypoplasia

Neck veins: _____

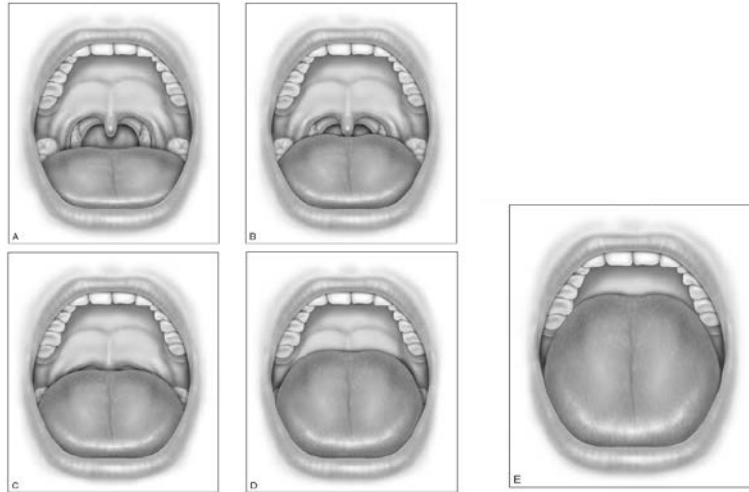
Lower limb: Edema: _____ Calf muscle: _____

Chest examination: _____

Heart examination: _____

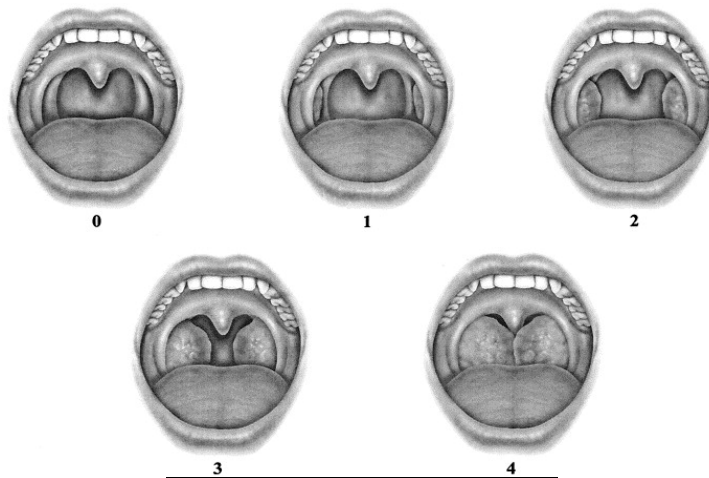
Friedman Tongue Position

- **FTP I:** allows the observer to visualize the entire uvula and tonsils or pillars
- **FTP IIa:** allows visualization of the uvula but only parts of the tonsils are seen.
- **FTP IIb:** allows visualization of the complete soft palate down to the base of the uvula, but the uvula and the tonsils are not seen.
- **FTP III:** allows visualization of some of the soft palate but the distal soft palate is eclipsed.
- **FTP IV:** allows visualization of the hard palate only



Tonsillar Examination

- **Tonsil size 0** tonsils are absent (tonsillectomy or atrophied)
- **Tonsil size 1** tonsils hidden within the pillars.
- **Tonsil size 2** tonsil extending to the pillars.
- **Tonsil Size 3** tonsils are beyond the pillars but not to the midline.
- **Tonsil size 4** implies tonsils that extend to the midline.



OSAS scoring system

OSAHS score= FTP+ tonsil size+ BMI

Grade 0	(< 20 kg/m ²)
Grade 1	(20–25 kg/m ²)
Grade 2	(25–30 kg/m ²)
Grade 3	(30–40 kg/m ²)
Grade 4	(> 40 kg/m ²)



- >8 positive OSAHS score
- <4 negative OSAHS score.
- 4-8 borderline

Surgical OSAS scoring system

Stage	FTP	Tonsil size	BMI
I	I, IIa, IIb	3 or 4	<40
II	I, IIa, IIb	0, 1 or 2	<40
	III or IV	3 or 4	<40
III	III or IV	0, 1 or 2	<40

Stage IV : BMI > 40, skeletal deformities such as micrognathia or mid-face hypoplasia

Score

STOP BANG score

• **STOP:**

* Snore Tiredness Observed apnea blood pressure: hypertension

2 of 4 is +ve

• **STOP BANG:**

* Snore Tiredness & sleepiness Observed apnea blood pressure: hypertension BMI >35 Age >50ys Neck circ. > 40cm
Gender: male

3 of 8 is +ve

Epworth Sleepiness Scale

0 = would never doze
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

Situation Chance of dozing

- Sitting and reading
- Watching TV
- Sitting, inactive in a public place (e.g. a theatre 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 the traffic

Total

Berlin Questionnaire

CATEGORY 1

1. Do you snore?

a. Yes

b. No

c. Don't know

If you snore

2. Your snoring is:

a. Slightly louder than breathing

b. As loud as talking

c. Louder than talking

d. Very loud – can be heard in adjacent rooms

3. How often do you snore

a. Nearly every day

b. 3-4 times a week

c. 1-2 times a week

d. 1-2 times a month

e. Never or nearly never

4. **Has your snoring ever bothered other people?**

- a. Yes b. No c. Don't Know

5. **Has anyone noticed that you quit breathing during your sleep?**

- a. Nearly every day b. 3-4 times a week
c. 1-2 times a week d. 1-2 times a month
e. Never or nearly never

CATEGORY 2

6. **How often do you feel tired or fatigued after your sleep?**

- a. Nearly every day b. 3-4 times a week
c. 1-2 times a week d. 1-2 times a month
e. Never or nearly never

7. **During your waking time, do you feel tired, fatigued or not up to par?**

- a. Nearly every day b. 3-4 times a week
c. 1-2 times a week d. 1-2 times a month
e. Never or nearly never

8. **Have you ever nodded off or fallen asleep while driving a vehicle?**

- a. Yes b. No

If Yes

9. **How often does this occur?**

- a. Nearly every day b. 3-4 times a week
c. 1-2 times a week d. 1-2 times a month
e. Never or nearly never

CATEGORY 3

10. **Do you have high blood pressure?**

- a. Yes b. No c. Don't know

11. **BMI:**

- a. $\geq 30 \text{ kg/m}^2$ b. $\leq 30 \text{ kg/m}^2$

Result

High Risk: if there are 2 or more Categories where the score is positive
Low Risk: if there is only 1 or no Categories where the score is positive

Notes

Provisional diagnosis

Type of Study Requested

- Nocturnal Polysomnography (NPSG)
- Titration Study
- Split Night Study
- Multiple Sleep Latency Test (MSLT)

Date of session

N.B:

****Please don't forget to give the patient the following:**

- * Requested lab.
- * Patient education.
- * Sleep diary.
- * Follow up card.

****Please don't forget to show videos to the patient**

Examining Doctor:

Resident _____
Assist. lecturer _____
Date: _____