

SLEEP EVALUATION WORKSHEET

DRIVER INFORMATION

Name: _____ DOB: _____

Section A

- | | | |
|---|------------------------------|-----------------------------|
| Driver has been involved in a motor vehicle accident associated with falling asleep | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Driver has experienced excessive sleepiness while driving | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Driver has experienced episodes of falling asleep when he/she should be alert | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Driver non-compliant with CPAP Treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

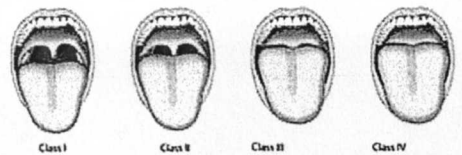
Section B: Complete the following Driver information through physical measurements and clinical observations.

Height: _____ in. Weight: _____ lbs. BMI: _____

Neck Circumference: Male: _____ in. Female: _____ in.

Mallampati Class: _____

Enter the appropriate number from the graphic below that aligns with your clinical observation of the Driver.



Section C: (if yes, skip Section D)

Does the Driver have a BMI ≥ 40? Yes No

Section D

BMI:	<input type="checkbox"/> Yes BMI ≥ 33 kg/m ²	Anatomy:	<input type="checkbox"/> Yes Mallampati Score 3 or 4
Age:	<input type="checkbox"/> Yes Over 42 years old	Snore:	<input type="checkbox"/> Yes Admits to loud snoring
Neck Circumference:	<input type="checkbox"/> Yes Male ≥ 17 inches <input type="checkbox"/> Yes Female ≥ 15.5 inches	Appearance:	<input type="checkbox"/> Yes Micrognathia (undersized jaw)
Hypertension:	<input type="checkbox"/> Yes Requiring ≥ 2 meds	Hypothyroidism:	<input type="checkbox"/> Yes Untreated
History of Stroke, MI, CAD and/or DM:	<input type="checkbox"/> Yes	Male or post menopausal female	<input type="checkbox"/> Yes

Section	Score	Score (# of "Yes" responses)	Evaluation Consideration
A		1 or more	DISQUALIFIED
C		1	Limited certification ≤ 90 days; sleep study recommended
D		If BMI > 33 and 3 yes	Limited certification ≤ 90 days; sleep study recommended

Screening Results

- Positive High Risk, Disqualified (positive Section A)
- Positive (qualified for limited certification)
- Negative

Clinician Name: _____ Date: _____