

# PROTOCOL FOR DETECTION OF SNORING AND OSAHS IN ADULT PATIENTS

**Carried out by:**..... **Specialty:**..... **Date:**.....

**Patient personal data:**

Patient's name:..... Age:.....
Sex:..... Weight:..... Height:..... BMI = $\frac{\text{mass in kg}}{\text{height}^2 \text{ in m}}$ Profession:.....




**Anamnesis**

		Yes	No	Don't know
1	1. Do you snore at night?			
	2. Does your snoring wake up or bother your partner?			
	3. Does your snoring makes your partner change the room?			
	4. Do you have any respiratory distress while sleeping?			
	5. Do you feel tired in the morning?			
	6. Do you wake up with the headache?			
	7. Do you doze off easily during the day or when driving?			
	8. Do you doze off easily while watching TV or reading?			
	9. Do you fall asleep in the cinema or theatre?			
	10. Do you have any nose allergies?			
	11. Do you smoke?			
	12. Do you drink alcohol before going to sleep?			
	13. Do you use regularly any medication to sleep?			
	14. Do you have high blood pressure?			
	15. Do you have any concentration difficulties?			
	16. Have you ever experienced any memory loss?			
	17. Do you present excessive perspiration at night (diaphoresis) ?			
	18. Do you urinate more than twice by night (nocturia)?			
	19. Do you move abruptly your limbs during the sleep?			

**Background**

2	a) Have you ever been subjected to any sleep studies?    Clinical study <input type="checkbox"/> polysomnography <input type="checkbox"/> X-rays <input type="checkbox"/>
	b) Have you ever undergone the treatment of apnea, high blood pressure, cardiovascular or respiratory diseases? YES / NO
	c) Usual medication:    Antihistaminic Drugs <input type="checkbox"/> Anxiolytic <input type="checkbox"/> Muscle relaxant <input type="checkbox"/> Antidepressant <input type="checkbox"/>
	Cardiovascular background:.....
	Respiratory background: .....
	Other: .....
	.....

**Profile:**

3			
	<input type="checkbox"/> Normal. Class I	<input type="checkbox"/> Convex. Class II	<input type="checkbox"/> Concave. Class III

**Evaluation of oropharyngeal space**

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**Class 1:**  
Tonsils, uvula and hard palate are completely visible

**Class 2:**  
Hard and soft palate, upper portion of tonsils and uvula are visible

**Class 3:**  
Hard and soft palate and uvula base are visible

**Class 4:**  
Only hard palate is visible.

**Tongue mobility**

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**Level 0**  
Frenectomy

**Level 1**  
Tongue tip touches the palate

**Level 2**  
Almost touches the palate

**Level 3**  
The distance between the upper and lower incisors is the same

**Level 4**  
Reaches lower incisors

**Level 5**  
Doesn't reach lower incisors

**Tonsils**

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**Level 0**  
Previous tonsillectomy

**Level 1**  
No visible tonsils

**Level 2**  
Very small tonsils (< 25%)

**Level 3**  
Tonsils occupy 1/3 of pharyngeal space (25% - 50%)

**Level 4**  
Tonsils occupy 2/3 of pharyngeal space (50% - 75%)

**Level 5**  
Tonsils occupy 3/3 of pharyngeal space (>75%)

**Adenoids**

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Phonetical test (morning)  Negative (different)  Positive (same)

Endoscopy (only ENT)

Profile X-ray (only orthodontists)

No obstruction  Partial obstruction  Severe obstruction

**Daytime breathing**

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Nasal  Mixed  Mouth

**Profile occlusion**

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Class I (Normal)  Class II/1  Class II/2  Class III

**Frontal occlusion**

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Normal bite  Anterior deep bite  Open bite  Crossbite (uni./bilat.)

**Summary of positive signs and symptoms**

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**Recommended assessment by:**

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ENT  Orthodontist  Speech Therapist  Physiotherapist

Maxillofacial surgeon  Others  More than one of them