**PROTOCOL FOR DETECTION OF SNORING AND OSAHS IN ADULT PATIENTS**

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

**Patient personal data:**

<table>
<thead>
<tr>
<th>Patient's name:</th>
<th>Age:</th>
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<tbody>
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<tr>
<th>Sex:</th>
<th>Weight:</th>
<th>Height:</th>
<th>BMI = mass in kg ( \frac{\text{height in m}}{\text{m}} )</th>
<th>Profession:</th>
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**Anamnesis**

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

a) Have you ever been subjected to any sleep studies? Clinical study ☐ polysomnography ☐ X-rays ☐

b) Have you ever undergone the treatment of apnea, high blood pressure, cardiovascular or respiratory diseases? YES / NO
c) Usual medication: Antihistaminic Drugs ☐ Anxiolytic ☐ Muscle relaxant ☐ Antidepressant ☐

Cardiovascular background: ............................................................................................................................................

Respiratory background: ................................................................................................................................................

Other: ..........................................................................................................................................................................
....................................................................................................................................................................................

**Profile:**

- Normal. Class I ☐
- Convex. Class II ☐
- Concave. Class III ☐
**Evaluation of oropharyngeal space**

- **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**

- **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**

- **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**

- **Phonetical test (morning):** Negative (different)
- **Endoscopy (only ENT):** Positive (same)
- **Profile X-ray (only orthodontists):** No obstruction

**Daytime breathing**

- **Nasal**
- **Mixed**
- **Mouth**

**Profile occlusion**

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

**Frontal occlusion**

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

**Summary of positive signs and symptoms**

- **No obstruction**
- **Partial obstruction**
- **Severe obstruction**

**Recommended assessment by:**

- **ENT**
- **Orthodontist**
- **Speech Therapist**
- **Physiotherapist**
- **Maxillofacial surgeon**
- **Others**
- **More than one of them**

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