

The Mallampati Score



CLASS I
Complete
visualization of
the soft palate



CLASS II
Complete
visualization
of the uvula



CLASS III
Visualization
of only the
base of the uvula



CLASS IV
Soft palate
is not
visible at all

WEIGHT	lbs	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	
	kgs	41	45	50	54	59	64	68	73	77	82	86	91	95	100	104	109	113	118	122	127	132	
HEIGHT																							
	ft/in	cm	Underweight					Healthy					Overweight					Obese			Extremely Obese		
4'8"	142.2	20	22	25	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	
4'9"	144.7	19	22	24	26	28	30	32	35	37	39	41	43	45	48	50	52	54	56	58	61	63	
4'10"	147.3	19	21	23	25	27	29	31	33	36	38	40	42	44	46	48	50	52	54	56	59	61	
4'11"	149.8	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	51	53	55	57	59	
4'12"	152.4	18	20	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	
5'1"	154.9	17	19	21	23	25	26	28	30	32	34	36	38	40	42	43	45	47	49	51	53	55	
5'2"	157.4	16	18	20	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	
5'3"	160.0	16	18	19	21	23	25	27	28	30	32	34	35	37	39	41	43	44	46	48	50	51	
5'4"	162.5	15	17	19	21	22	24	26	27	29	31	33	34	36	38	39	41	43	45	46	48	50	
5'5"	165.1	15	17	18	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	
5'6"	167.6	15	16	18	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	
5'7"	170.1	14	16	17	19	20	22	24	25	27	28	30	31	33	34	36	38	39	41	42	44	45	
5'8"	172.7	14	15	17	18	20	21	23	24	26	27	29	30	32	33	35	37	38	40	41	43	44	
5'9"	175.2	13	15	16	18	19	21	22	24	25	27	28	30	31	33	34	35	37	38	40	41	43	
5'10"	177.8	13	14	16	17	19	20	22	23	24	26	27	29	30	32	33	34	36	37	39	40	42	
5'11"	180.3	13	14	15	17	18	20	21	22	24	25	27	28	29	31	32	33	35	36	38	39	40	
5'12"	182.8	12	14	15	16	18	19	20	22	23	24	26	27	28	30	31	33	34	35	37	38	39	
6'1"	185.4	12	13	15	16	17	18	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	
6'2"	187.9	12	13	14	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	
6'3"	190.5	11	13	14	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	
6'4"	193.0	11	12	13	15	16	17	18	19	21	22	23	24	26	27	28	29	30	32	33	34	35	
6'5"	195.5	11	12	13	14	15	17	18	19	20	21	23	24	25	26	27	28	30	31	32	33	34	
6'6"	198.1	10	12	13	14	15	16	17	18	20	21	22	23	24	25	27	28	29	30	31	32	34	
6'7"	200.6	10	11	12	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	
6'8"	203.2	10	11	12	13	14	15	16	18	19	20	21	22	23	24	25	26	27	29	30	31	32	
6'9"	205.7	10	11	12	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	
6'10"	208.2	9	10	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
6'11"	210.8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	25	26	27	28	29	30	



Medical Record Update Form

Name: _____

Date: _____

Have you ever been given a CPAP device? Y ___ N ___
 If you have been given a CPAP device, do you use it every night? Y ___ N ___
 Are you comfortable with your CPAP and satisfied with its use? Y ___ N ___

If you answered YES to all three of these questions, you are done, thank you! If you answered NO to any of these questions, please continue to Part 1

PART 1: Epworth Sleepiness Scale

How likely are you to doze off while doing the following activities? Please use the following scale: 0= Never, 1= Slight, 2= Moderate, 3= High. Circle one of the following numbers.

Being a passenger in a motor vehicle for an hour or more	0	1	2	3
Sitting and talking to someone.....	0	1	2	3
Sitting and reading.....	0	1	2	3
Watching TV.....	0	1	2	3
Sitting inactive in a public place.....	0	1	2	3
Lying down to rest in the afternoon.....	0	1	2	3
Sitting quietly after lunch without alcohol.....	0	1	2	3
In a car, while stopped for a few minutes in traffic.....	0	1	2	3

Score of 10 or more = 1 diagnostic point. **Total:**

PART 2: Every Yes = 1 diagnostic point.

Have you ever been told you snore?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Do you wake up choking or gasping?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Do you have high blood pressure?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Do you have diabetes?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Have you ever experienced an irregular heart rhythm?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

PART 3: Every Yes = 1 diagnostic point.

Does snoring cause any problems at home?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Would you like to fix that? (If yes to above question)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

PART 4: (By Assistants or Hygienist)

Neck Size _____ (Excessive Neck of size (Female >15, Male > 16.5) = 1 diagnostic point)
 BMI _____ (BMI > 30 = 1 diagnostic Point) Mallampati _____ (Class III or IV= 1 diagnostic point)
 Scalloped Tongue _____ (Scalloped tongue = 1 diagnostic point)

Total Points _____ Schedule telemedicine Visit

Signature _____ Date _____