

Name _____

City, State and Zip _____

1. Complete the following:

Height _____ Age _____

Weight _____ Male/Female _____

Has your weight changed?

- Increased
- Decreased
- No change

2. Do you snore?

- Yes
- No
- Don't know

If you snore:

3. Your snoring is...

- Slightly louder than breathing
- As loud as talking
- Louder than talking
- Very loud

4. How often do you snore?

- Almost every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

5. Does your snoring bother other people?

- Yes
- No

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

- Almost every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

7. Are you tired after sleeping?

- Almost every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

8. Are you tired during waketime?

- Almost every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

9. Have you ever nodded off or fallen asleep while driving?

- Yes
- No
- Don't know

If yes, how often does it occur?

- Every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

10. Do you have high blood pressure?

- Yes
- No
- Don't know

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CATEGORY 2

7. Are you tired after sleeping?

- Almost every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
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8. Are you tired during waketime?

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 3-4 times a week
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9. Have you ever nodded off or fallen asleep while driving?

- Yes No Don't know

If yes, how often does it occur?

- Every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or almost never

CATEGORY 3

10. Do you have high blood pressure?

- Yes No Don't know

BMI = _____

$$\text{BMI} = \frac{\text{Weight}}{\text{Height} \times \text{Height}} \times 703$$

CATEGORY 1

Category 1, questions 2-6

High Risk: 2 or more positive responses to answers highlight in gray

Category 2, questions 7-9

High Risk: 2 or more positive responses to answers highlight in gray

Category 3, question 10

High Risk: A **YES** response and/or BMI > 30

Final Result: 2 or more checked categories indicates **high likelihood of sleep apnea**

Body Mass Index Table

		Weight (pounds)													
		120	130	140	150	160	170	180	190	200	210	220	230	240	250
Height	5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49
	5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46
	5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43
	5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40
	5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38
	5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36
	6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34
	6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32