Sleep Disorder Assessment

Name: _____

Date of Birth (MM/DD/YYYY): ___/___/_____ Gender: M___ F___

FOR INTERNAL USE ONLY:
Height: _____
Weight: _____
BMI: _____
Neck Size: _____
Blood Pressure: _____

PAP Therapy Device:				
Are you currently using a PAP therapy device?	☐ YES	☐ NO	If yes, how long?	_____

Check any of the following that you may have experienced:			
☐ Coronary Artery Disease	☐ Impotence	☐ Stroke	☐ High Blood Pressure
☐ Frequent Urination at Night	☐ Diabetes	☐ Depression	☐ Heart Disease
☐ GERD	☐ Arrhythmias	☐ Obesity	☐ Atrial Fibrillation

The above conditions are considered co-morbid with OSA. "HBP" & Obesity are risk factors independent of OSA.

Do You Know Your Number?		
Blood Sugar/A1C: _____	Blood Pressure: _____	Neck Size: _____
Cholesterol Levels: LDL _____ HDL _____	Body Mass Index (BMI): _____	

Snoring:				Score
1. Do you snore often (3 or more nights a week)?	☐ Yes	☐ No	☐ Don't Know	_____ Yes = 1
2. Is your snoring loud enough to be heard through a closed door?	☐ Yes	☐ No	☐ Don't Know	_____ Yes = 1
3. Have you noticed or been told that, during sleep, you frequently stop breathing or gasp for air?	☐ Yes	☐ No	☐ Don't Know	_____ Yes = 1
4. Has your snoring/breathing during sleep bothered others or yourself?	☐ Yes	☐ No	☐ Don't Know	_____ Yes = 1
			(sum of "yes" checked above) **Total Score**	

A score of ≥ 2 coupled with hypertension, a BMI of > 35, "Total Epworth Score (from below) of > 9 indicates high probability of OSA.

Epworth Sleepiness Scale: Do you get sleepy or doze off...	Never would doze off	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
While sitting and reading?	0☐	1☐	2☐	3☐
While watching TV?	0☐	1☐	2☐	3☐
While sitting or inactive in a public place?	0☐	1☐	2☐	3☐
As a passenger in a car for an hour, w/o a break?	0☐	1☐	2☐	3☐
Lying down to rest in the afternoon?	0☐	1☐	2☐	3☐
Sitting and talking to someone?	0☐	1☐	2☐	3☐
Sitting quietly after lunch, w/o alcohol?	0☐	1☐	2☐	3☐
While stopped a few minutes for a traffic light?	0☐	1☐	2☐	3☐
			(sum of all numbers checked above) **Total Score**	

A score of ≥ 10 OR a score of 8 or 9 along with any additional Risk Factor (from above) indicates high probability of OSA.

0 6 10

LOW RISK FACTOR HIGH