



SLEEP APNEA QUESTIONNAIRE					BLUE: Patient RED: Staff	
FIRST NAME		M.I.	LAST NAME		GENDER	
					M	F
DATE OF BIRTH			HEIGHT		WEIGHT	
MONTH	DAY	YEAR	FEET	INCHES	LBS.	
					NECK SIZE	

NECK MEASUREMENT	
If 16" or less, Score = 0	
If 16.5" or more, Score = 2	
If 14.5" or less, Score = 0	
If 15" or more, Score = 2	
	<b>SCORE</b>

Have you been diagnosed or treated for any of the following conditions?									
				YES					YES
HIGH BLOOD PRESSURE					STROKE/HEART ATTACK				
DIABETES					DEPRESSION				
HEART DISEASE					SLEEP APNEA				
IRREGULAR HEART BEAT					GERD/ACID REFLUX				

DIAGNOSED or TREATED CONDITIONS	
Each "YES" Answer = 1	
	<b>SCORE</b>

FREQUENCY OF SNORING & SLEEP DISTURBANCES									
For each question below, select one of the following responses.									
0 = NEVER		2 = SOMETIMES			4 = ALWAYS				
1 = RARELY		3 = FREQUENTLY							
In the last 6 months, how often have you snored or been told that you snore?									
0		1		2		3		4	
In the last 6 months, have you awoken choking or gasping for air, or been told that you did?									
0		1		2		3		4	
In the last 6 months, have you been told that you stopped breathing while you were sleeping?									
0		1		2		3		4	

FREQUENCY OF SNORING & SLEEP DISTURBANCES	
Total of all 3 questions	
	<b>SCORE</b>

EPWORTH SLEEPINESS SCALE				
Indicate how likely you are to doze off or fall asleep in the following situations.				
0 = Would Never Doze Off		2 = Moderate Chance of Dozing		
1 = Slight Chance of Dozing		3 = High Chance of Dozing		
				EPWORTH SCALE SCORE
				0 1 2 3
Sitting and reading				
Watching TV				
Sitting, inactive in a public place ( <i>park, meeting, theater, etc.</i> )				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking with someone				
Sitting quietly after lunch ( <i>without alcohol</i> )				
In a car, while stopped for a few minutes in traffic				

EPWORTH SLEEPINESS SCALE	
If total score is 11 or less, Score = 0	
If total score is 12 or more, Score = 2	
	<b>SCORE</b>

PATIENT SIGNATURE	DATE	SLEEP APNEA RISK LEVEL
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TOTAL
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3 or <= NO RISK    4 to 5 = LOW RISK    6 to 10 = HIGH RISK    11 or >= VERY HIGH RISK