



CHECK ALL THAT APPLY:

**Medical problems**

- [5 points] Cardiovascular disease (heart disease (coronary artery disease or congestive heart failure, irregular heart rhythm, heart valve problems (except mitral prolapse)) or history of heart surgery
- [4] High blood pressure (even if effectively treated with medication)
- [3] Neurologist problem (including stroke, Parkinson's disease or multiple sclerosis) or chronic headaches
- [2] Chronic lung disease or active smoking
- [2] Attention deficit disorder or Chronic fatigue syndrome or Fibromialgia or Depression
- [2] Chronic use of sleeping pills or narcotic pain medications

**Physical findings**

- [2] Obesity (>10% above ideal body weight) or enlarged neck (> 17 inch (men), > 16 inch (women)
- [2] Small mouth / throat (enlarged tonsils or significant overbite or small and "set-back" lower jaw or enlarged tongue)
- [2] Chronic leg swelling (both legs) Signs or symptoms:
- [5] Motor Vehicle accident or "near miss" attributable to falling asleep while driving or frequent sleepiness while driving
- [5] Witnessed pauses in breathing during sleep or choking episodes during sleep
- [3] Loud snoring
- [3] Heartburn/ acid reflux awakening from sleep, or awakening from sleep, or awakening with a dry mouth or throat
- [3] Frequently awakening tired or un refreshed or requiring a nap > 2 days per week
- [2] Awakening more than 2 times per night (even to use a bathroom) or insomnia
- [2] Prefer to avoid sleeping on your back
- [1] Sleepwalking as an adult or prominent dreaming > 2 days per week

PLEASE REVIEW YOUR SCORE WITH YOUR DOCTOR

**Probability of Sleep Apnea:**

<b>SCORE</b>
--------------

- 0-5 Sleep apnea possible, less likely
- 6-9 Suspicious for sleep apnea, further evaluation should be considered
- 10-14 Sleep apnea likely, further evaluation advised
- > 14 High risk for sleep apnea, evaluation strongly recommended

Note: This questionnaire should not represent a definitive diagnostic tool for ruling out sleep apnea, all medical decision should be made in a consultation with you physician.

**Please Fax This Form and A Prescription for any Sleep Studies to Slumber Services at 718 8720463**