

HOME SLEEP STUDY QUESTIONNAIRE

What Is Your

Age _____

Height _____

Weight _____

BMI _____

(Body mass index (BMI) is a measure of body fat based on height and weight. It is calculated by person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. There are many calculators online to help you find your BMI or ask a nurse to help you after you are weighed.)

Neck Circumference _____ in/cm
(measured by physician's office staff)

Section One

1. SNORING

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

YES NO

2. TIRED

Do you feel tired, fatigued or sleepy during the daytime?

YES NO

3. OBSERVED

Has anyone observed you stop breathing during your sleep?

YES NO

4. BLOOD PRESSURE

Do you have or are you being treated for high blood pressure?

YES NO

5. BMI

BMI more than 35 kg/m²?

YES NO Don't Know

6. AGE

Are you over 50 years old?

YES NO

7. NECK CIRCUMFERENCE?

Neck circumference greater than 15.75 inches?

YES NO

8. GENDER MALE?

YES NO

High risk of Obstructive Sleep Apnea:

Answering yes to three or more items

Low risk of Obstructive Sleep Apnea:

Answering yes to less than three items

Section Two

1. DO YOU HAVE OTHER SLEEP PROBLEMS?

- a. Insomnia YES NO
- b. Restless Legs YES NO
- c. Sleep Walking YES NO
- d. Sleep Talking YES NO
- e. Sleep Eating YES NO
- f. Do you have an altered sleep schedule?
 YES NO
- g. Do you do shift work?
 YES NO

2. DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS SUCH AS: (please circle the appropriate answers)

- a. Congestive Heart Failure (CHF)
 YES NO
- b. Moderate to severe pulmonary disease
 YES NO
- c. Neuromuscular disease
 YES NO
- d. Are you between 13-18 years old?
 YES NO

Once completed, discuss your results with your healthcare provider.

SLEEP STUDY PROGRAM

Penn Highlands Healthcare

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