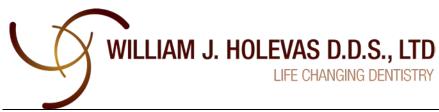


Snoring and Sleep Apnea Assessment

Name:/					Date o	i Birtii:		
Gender: M F				Height	:	Weight:		
Please	check any of the follo	owing	ı you ma	y have:				
☐ High Blood Pressure	☐ Heart Disease		☐ Stroke ☐ Insomnia					
☐ Frequent Urination at Night	☐ Diabetes ☐	⊒ Deլ	oression	☐ Overweight				
Diagona	.haali Vaa an Na ta thi	o follo		4:				
Please check Yes or No to the following questions:								
1. Do you snore loudly? ☐ YES ☐ NO (Loud enough to be heard through closed doors or annoy other people)								
2. Do you often feel tired, fatigued, or sleep during the daytime? ☐ YES ☐ NO								
3. Has anyone observed you stop breathing during your sleep? ☐ YES ☐ NO								
4. Do you have or are you being treated for high blood pressure? ☐ YES ☐ NO								
Epworth Sleepi	ness Scale		Never would	Slight Chance	Moderate Chance of	High Chance		
It is important that you mark a num	ber (0-3) for EACH situati	ion.	doze off	of dozing	dozing	of dozing		
 Do you get sleepy, or doze off reading? Do you get sleepy, or doze off. While sitting or inactive in a putheater)? As a passenger in a car for an 5. Lying down to rest in the after Sitting and talking to someone Sitting quietly after lunch with In a car, while stopped for a fee 	while watching TV? ublic place (meeting, hour without a break? noon? ? out alcohol?			1	2 2	3		
light?								



		Total Score	
Have you ever been diagnosed with Sleep Apnea?	□YES	□ NO	
Do you have a Cpap? ☐ YES ☐ NO Are you currently	using CPAP?	□YES	□ NO

<u>Untreated Sleep Apnea relates to many health complications:</u> <u>5x</u> the risk of heart attack, <u>2x</u> the risk of stroke, <u>6x</u> the risk of a serious automobile accident, Diminished productivity at work and reduced quality of life, healthcare utilization costs double, Erectile Dysfunction, Diabetes, Weight gain, Hypertension, Depression, Daytime fatigue.