

Patient Name:	Office Name:
DOB:	Referring Provider:
Height:	Today's Date:
Weight:	

SLEEP APNEA RISK ASSESSMENT

Have you been told that you snore?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you often tired, fatigued, or sleepy during the day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you stop breathing, choke, or gasp during sleep?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have or are you being treated for high blood pressure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your body mass (BMI) index greater than 35? (See chart on back of page)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you 50 years old or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a neck circumference greater than 16 inches?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a male?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL "YES" ANSWERS	

Risk factors for sleep apnea:

- Heart Failure
 Atrial Fibrillation
 Hypertension
 CVA/Stroke

Clinical Symptoms:

- | | |
|---|---|
| <input type="checkbox"/> Excessive daytime sleepiness G47.10 | <input type="checkbox"/> Gastroesophageal reflux K21.9 |
| <input type="checkbox"/> Nocturia R35.1 | <input type="checkbox"/> Morning Headaches G44.221 |
| <input type="checkbox"/> Difficulty concentrating R41.840 | <input type="checkbox"/> Memory problems or poor judgment G31.84 |
| <input type="checkbox"/> Personality changes or irritability R45.4 | <input type="checkbox"/> Loud snoring R06.83 |
| <input type="checkbox"/> Depression F32.9 | <input type="checkbox"/> Unrefreshed by sleep G47.8 |
| <input type="checkbox"/> Impotence N52.9 | <input type="checkbox"/> History of high blood pressure R03.0 |
| <input type="checkbox"/> Insomnia G47.00 | |

Patients with 3 or more "yes" responses OR 2 clinical symptoms should undergo testing for sleep apnea

BODY MASS INDEX TABLE

WEIGHT (lbs)																
Height	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250
5'0"	20	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49
5'1"	19	21	23	25	26	28	30	32	34	36	38	40	42	43	45	47
5'2"	18	20	22	24	26	27	29	31	33	35	37	38	40	42	44	46
5'3"	18	19	21	23	25	27	28	30	32	34	35	37	39	41	43	44
5'4"	17	19	21	22	24	26	27	29	31	33	34	36	38	39	41	43
5'5"	17	18	20	22	23	25	27	28	30	32	33	35	37	38	40	42
5'6"	16	18	19	21	23	24	26	27	29	31	32	34	36	37	39	40
5'7"	16	17	19	20	22	23	25	27	28	30	31	33	34	36	38	39
5'8"	15	17	18	20	21	23	24	26	27	29	30	32	33	35	36	38
5'9"	15	16	18	19	21	22	24	25	27	28	30	31	32	34	35	37
5'10"	14	16	17	19	20	22	23	24	26	27	29	30	32	33	34	36
5'11"	14	15	17	18	20	21	22	24	25	26	27	28	30	32	33	35
6'0"	14	15	16	18	19	20	22	23	24	26	27	28	30	31	33	34
6'1"	13	15	16	17	18	20	21	22	24	25	26	28	29	30	32	33
6'2"	13	14	15	17	18	19	21	22	23	24	26	27	28	30	31	32
6'3"	12	14	15	16	17	19	20	21	22	24	25	26	27	29	30	31
6'4"	12	13	15	16	17	18	19	21	22	23	24	26	27	28	29	30

Orange = Body Mass Index (BMI) greater than 35