

SLEEP CENTER SLEEP APNEA SCREENING

If you answered YES to 4 or more questions, you may be at risk.
Please call us at **609-748-5405** to learn about scheduling an evaluation.

Name _____ Date ____ / ____ / ____

Phone Number _____ Height _____ Weight _____ Age _____ Male or Female

Please circle the correct response to each question.

1. Do you snore?	YES	NO
2. Is your snoring as loud as talking or louder?	YES	NO
3. Can your snoring be heard in adjacent room?	YES	NO
4. Has your snoring bothered other people?	YES	NO
5. Has anyone noticed that you stop breathing during your sleep?	YES	NO
6. Do you feel tired after your sleep?	YES	NO
7. Do you feel tired during your waking time?	YES	NO
8. Have you ever nodded off or fallen asleep while driving?	YES	NO
9. Do you have high blood pressure?	YES	NO
10. Is your Body Mass Index in the obese category? *See chart below.	YES	NO

BODY MASS INDEX CHART

SCORE >>	19	20	21	22	23	24	25	26	27	28	29	30	35	40	45
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	167	191	215
5'	97	102	107	112	118	123	128	133	138	143	148	153	179	204	230
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	185	211	238
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	191	218	246
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	197	225	254
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	204	232	262
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	210	240	270
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	216	247	278
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	223	255	287
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	230	262	295
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	236	270	304
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	243	278	313
6'	140	147	154	162	169	177	184	191	199	206	213	221	258	294	331
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	272	311	350

HEALTHY (Lightest blue)

OVERWEIGHT (Medium blue)

OBESSE (Darkest blue)