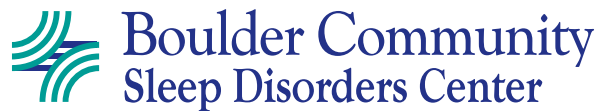


# Sleep Quality Questionnaire



Please fill out this questionnaire to help you assess your quality of sleep.

## Obstructive Sleep Apnea (OSA) Score

- Do you snore loudly? (Louder than talking or loud enough to be heard through closed doors?)  Yes  No
- Do you often feel tired, fatigued, or sleepy during the daytime?  Yes  No
- Has anyone observed you stop breathing (apnea) during your sleep?  Yes  No
- Do you have, or are you being treated for high blood pressure?  Yes  No
- Is your Body Mass Index (BMI) more than 35?  Yes  No  
*(Determine your BMI by using our calculator at the bottom)*
- Are you over 50 years old?  Yes  No
- Is your neck circumference over 40 cm or 16 inches?  Yes  No
- Are you a male?  Yes  No

### Total number of YES answers

Results: 4-8 = You have a HIGH RISK for OSA and should contact a sleep specialist  
1-3 = You have a LOW RISK for OSA

\_\_\_\_\_ out of 8

## Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations?

Scale: 0 = would never doze 1 = slight chance of dozing 2 = moderate chance 3 = high chance

- Sitting and talking to someone  0  1  2  3
- Sitting inactive in a public place  0  1  2  3
- Sitting quietly after lunch without alcohol  0  1  2  3
- Sitting and reading  0  1  2  3
- Watching television  0  1  2  3
- Lying down to rest in the afternoon  0  1  2  3
- In a car while stopped in traffic  0  1  2  3
- As a passenger in a car  0  1  2  3

### Add up total

Results: 0-6 = Normal Range, 7-9 = Moderate Sleepiness, 10 or more = Abnormal Sleepiness (you should contact a sleep specialist)

\_\_\_\_\_ out of 24

## Additional Questions

- Are you dissatisfied with your sleep?  Yes  No
- Does anyone complain about your sleep?  Yes  No
- Do you have trouble falling asleep, staying asleep or waking up too early?  Yes  No
- While lying in bed, do you experience leg discomfort or pains that can be relieved by movement?  Yes  No
- We recommend that you see a sleep specialist if there is a positive response to any of these questions.*

## BMI CALCULATOR

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227
65	114	120	126	132	138	144	150	156	162	168	172	180	186	192	198	204	210	216	222	228	234
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	222	229	236	243	250	257	263
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295
74	148	156	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320

Weight in lbs.

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[bch.org/sleep](http://bch.org/sleep)