

Patient name: _____ Age: _____ Weight: _____ Height: _____

Alcohol consumption (units per week): _____

Do you smoke/vape? Yes No If Yes, average per day: _____

Do you take any prescribed medication? Yes No

Please give details: _____

Body Mass Index (BMI)

The major risk factor for sleep apnoea is excess body weight. Your risk for sleep apnoea is higher if you are overweight with a body mass index (BMI) of 25 or more or obese with a BMI of 30 or higher.

$$\text{BMI} = \frac{\text{Weight in kilograms}}{\text{Height in meters}^2}$$

Your BMI =

Example:
 Tom weighs 100kgs and is 1.8m tall.
 First we multiply Tom's height by itself:
 $1.8 \times 1.8 = 3.24$
 Next we divide Tom's weight by his height in meters² just calculated: $100 / 3.24 = 32.40$
Tom's BMI is 32.4

Epworth Sleepiness Scale (ESS)

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life so even if you have not done some of these things recently, try to address your likely response.

Use the following scale to choose the most appropriate number for each situation:
0 = would never doze, 1 = slight chance of dozing, 2 = moderate chance of dozing, 3 = high chance of dozing.
 The scores are added to produce a total score (range 0 – 24). It is important that you answer each question as best you can.

Situation	Chance of Dozing (0-3)
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. a theatre or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in the traffic	_____
Total	<input style="width: 60px; height: 20px;" type="text"/>

STOP-Bang Questionnaire

- S** Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes No
- T** Do you often feel tired, fatigued, or sleepy during daytime? Yes No
- O** Has anyone observed you stop breathing during your sleep? Yes No
- P** Do you have or are you being treated for high blood pressure? Yes No
- B** Body Mass Index (BMI) more than 35? Yes No
- A** Age over 50? Yes No
- N** Neck circumference greater than 40cm? Yes No
- G** Gender male? Yes No



Measuring Neck Circumference
Hold a flexible measuring tape around your neck, just below your Adam's apple. Make sure the tape is positioned snugly, but not too tight. Double-check the number to ensure precision.

SCORE → Yes No

Previous Treatment

Have you had previous treatment for sleep disorders? Yes No

Surgery: Yes No Sleep Studies: Yes No Other _____

If yes, please give details: _____

Have you purchased sleep aids (mouthpiece/oral device) in order to reduce your snoring? Yes No

Nasal strips: Yes No Pillows: Yes No Other _____

If yes, please give details: _____

