

MY SLEEP PROFILE ASSESSMENT

The academy of Sleep has prepared this questionnaire. If you answer “Yes” more than twice, you may want to discuss your risk of Obstructive Sleep Apnea (OSA) with your healthcare provider. Please answer the following questions to determine if you are at risk. (1 point for ea. Yes)

1. Do you snore loudly? Yes No
2. Do you often feel tired, fatigued, or sleepy during the daytime? Yes No
3. Has anyone observed you stop breathing or choking/gasping during your sleep? Yes No
4. Do you have or are you being treated for high blood pressure? Yes No
5. Body mass index more than 35 kg/m²? (*calculation below) Yes No
6. Age older than 50? Yes No
7. Neck size large? For male, is your shirt collar 17 inches/ 43 cm or larger? Yes No
8. Gender = Male? Yes No

*BMI calculation: [weight (lb) / height (in) / height (in)] x 703

Your score from the above questionnaire will give you an indication of your risk of Obstructive Sleep Apnea (OSA).

Scoring criteria for the general population:

- Low risk of OSA: Yes to 0 – 2 questions
- Intermediate risk of OSA: Yes to 3 – 4 questions
- High risk of OSA: Yes to 5 – 8 questions

ACTION PLAN:

Review the results of your “MY SLEEP PROFILE”. Based on your results, answer the following questions.

- Where am I at? _____
- Where should I be? _____
- What am I willing to do? _____
- Consult my healthcare provider? _____