

## Pulmonary Questionnaire

### SLEEP EVALUATION

#### 1 Complete the following:

Height\_\_\_\_ Age\_\_\_\_

Weight\_\_\_\_ Male/Female\_\_\_\_

#### Category 1

##### 2 Do you snore?

Yes No Don't know

##### 3 If you snore, your snoring is?

slightly louder than breathing

as loud as talking

louder than talking

very loud. Can be heard in adjacent rooms.

##### 4 How often do you snore?

nearly every day 3-4 times a week

1-2 times a week 1-2 times a month

never or nearly never

##### 5 Has your snoring ever bothered other people?

Yes No

##### 6 Has anyone noticed that you quit breathing during your sleep?

nearly every day 3-4 times a week

1-2 times a week 1-2 times a month

never or nearly never

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Category 2

##### 7 How often do you feel tired or fatigued after your sleep?

nearly every day 3-4 times a week

1-2 times a week 1-2 times a month

never or nearly never

##### 8 During your wake time, do you feel tired fatigued or not wake up to par?

nearly every day 3-4 times a week

1-2 times a week 1-2 times a month

never or nearly never

##### 9 Have you ever nodded off or fallen asleep while driving a vehicle?

Yes No

##### If yes, how often does it occur?

nearly every day 3-4 times a week

1-2 times a week 1-2 times a month

never or nearly never

#### Category 3

##### 10 Do you have high blood pressure?

Yes No Don't know

BMI = \_\_\_\_\_

Scoring Questions: Any answer within box outline is a positive response

Scoring Categories: Category 1 is positive with 2 or more positive responses to questions 2-6 \_\_\_\_

Category 2 is positive with 2 or more positive responses to questions 7-9 \_\_\_\_

Category 3 is positive with 1 or more positive responses and/or BMI is > 30 \_\_\_\_

Final Results: 2 or more positive categories indicates a high likelihood of sleep disordered breathing.