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Complete and return

Sleep Apnea Screening

Have you been told you snore loudly? _____ Do you often feel tired, fatigued, or sleepy during your day? _____

Has anyone observed you gasping or stop breathing during sleep? _____

Do you have or are you being treated for high blood pressure? _____

If you answer yes to any two of the four questions above, you have a higher probability of testing positive for sleep apnea.

Weight _____ Height _____ BMI _____ Neck Size _____ DOB _____

If you have a BMI of 35+ and a 17-inch neck (male) 16 inch neck (female) you have a higher probability of testing positive for sleep apnea.

Age _____ Male or Female

Are you currently using or prescribed CPAP/BPAP/PAP therapy? _____

Are you currently on oxygen therapy? _____

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

Use the following scale to choose the most appropriate number for each situation: -

- 0 = would never fall asleep
- 1 = slight chance of falling asleep
- 2 = moderate chance of falling asleep
- 3 = high chance of falling asleep

- 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 _____

If you score 10 or more, it is an indicator of excessive daytime sleepiness and fatigue, you have a higher probability of testing positive for sleep apnea.