



Southern California Pulmonary & Sleep Disorders Medical Center

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SLEEP DISORDERS SCREENING QUESTIONNAIRE

Name	Age (Yrs)	Height (inches)	Weight (pounds)
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What is your usual bed time? _____ AM or PM? What is your usual rise time? _____ AM or PM?
 Do you have difficulty falling asleep? Yes No Do you feel rested upon arising? Yes No

QUESTIONS	CHECK THE MOST APPROPRIATE ANSWER	FOR OFFICE USE ONLY
1. Do you snore?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, skip to question 4)	1 0
2. Snoring Loudness	<input type="checkbox"/> Loud as breathing <input type="checkbox"/> Loud as talking <input type="checkbox"/> Louder than talking <input type="checkbox"/> Very loud	2 3 4 5
3. Snoring frequency	<input type="checkbox"/> Almost never <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> Almost every day	1 2 3 4 5
4. When you sleep, do you ever have pauses in your breathing?	<input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> Almost every day	0 1 2 3 4 5
5. Are you tired after sleeping?	<input type="checkbox"/> Almost never <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> Almost every day	0 2 3 4 5
6. Are you tired during wake time?	<input type="checkbox"/> Almost never <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> Almost every day	0 2 3 4 5
7. Have you ever had hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10 0
8. Using the BMI Calculator at the right, what is your BMI?	<input type="checkbox"/> BMI < 30 <input type="checkbox"/> BMI > 30	0 10

BMI Calculator	
Height (inches)	Weight for BMI = 30
58	143
59	148
60	153
61	158
62	164
63	169
64	174
65	180
66	186
67	191
68	230
69	237
70	243
71	250
72	258
73	265
74	272
75	279
76	287
77	295