

## Sleep Disordered Breathing - Self Assessment Questionnaire

**First, an important note:** The only truly accurate and professionally recognised method of assessment and diagnosis for a sleep disordered breathing condition is via a diagnostic sleep study. This study will monitor your breathing, cardiac activity, brain activity, limb movement, sleeping position, blood oxygen levels and much more, all while you are asleep. Sleep studies (known as 'polysomnograms' or PSG) are the 'gold standard' for the professional diagnosis of sleep disordered breathing.

This questionnaire in no way replaces the need for a diagnostic sleep study. The results of this questionnaire will provide a very good indication of whether you have a significant sleep disordered breathing (SDB) condition – but the results are not conclusive.

If you suspect you have an SDB condition, it is important you speak to your doctor and arrange for a diagnostic sleep study to be done.

You may wish to print and take this completed questionnaire to the doctor with you.

**Section 1. What is your Body Mass Index (BMI)?** (This is calculated as follows: Weight in kilograms (kg) divided by Height in metres (e.g., 1.80m) squared (i.e., height times height). Or:  $W \div H^2$ . Don't forget to 'square' your height (i.e., multiply it by itself).

Calculating  
Body Mass Index

Example:	Your weight (kg)	Your height (m <sup>2</sup> )	Your BMI
	100	$\div (1.80 \times 1.80) = 3.24$	= 30.86

What is your Body Mass Index?

Your weight (kg)	Your height (m <sup>2</sup> )	Your BMI
	$\div$	=

**Section 2. What is your 'Adjusted Neck Circumference'?** Start with your normally measured neck circumference (i.e., your collar size). Then tick the appropriate boxes and add the relevant amounts to arrive at your 'ANC'

Neck Circumference	Habitual Snoring	Wakes choking or gasping	Hypertension (High Blood Pressure)	= Adjusted Neck Circumference
cm	<input type="checkbox"/> + 3cm	<input type="checkbox"/> + 3cm	<input type="checkbox"/> + 4cm	

**Section 3. What are your general sleep / waking patterns?**

	No	Yes
Do you usually wake feeling tired and unrested?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often suffer from waking headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly experience daytime drowsiness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have blocked nasal passages?	<input type="checkbox"/>	<input type="checkbox"/>

--Please turn the page to continue--

In the section below, describe your likelihood of dozing in the corresponding situations. Add the scores and note the total at the bottom of the table.					In this section, describe your level of alertness 'right now' as you complete this form
Epworth Scale	Likelihood of falling asleep/dozing 0 = Never; 1 = Sometimes; 2 = Likely; 3 = Highly Likely				Karolinska Scale
	0	1	2	3	
Sitting Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> Very Alert
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>
Sitting Inactive in Public Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/> Alert
Passenger in Car (1 hour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
Lying Down Rest Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/> Neither alert nor sleepy
Sitting Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 <input type="checkbox"/>
Sitting After Lunch (No Alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 <input type="checkbox"/> Sleepy but not fighting sleep
Car While Stopped (3 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 <input type="checkbox"/>
Epworth Scale Total:					9 <input type="checkbox"/> Very sleepy, fighting sleep

### **Preliminary Assessment**

Note: This assessment is not a substitute for a full diagnostic sleep study.

- Is your BMI higher than 24.9? Yes ☐
- Is your adjusted neck circumference greater than 45cm (male) or 42cm (female)? ☐
- Did you answer 'Yes' to 2 or more questions in Section 3? ☐
- Is your score on the Epworth Scale greater than 10? ☐
- Is your score on the Karolinska Scale greater than 7 ☐

If you answered 'Yes' to all the 'Preliminary Assessment' questions, there is a very high likelihood you are suffering from a serious SDB condition. A diagnostic sleep study is strongly and urgently recommended.

If you answered 'Yes' to more than half of these questions, there is a high likelihood you are suffering from a significant form of SDB. A diagnostic sleep study is recommended to determine the nature and severity of the condition.