

Medical Questionnaire

SLEEP APNEA

Description: A sleep disorder characterized by pauses in breathing during sleep.

Age of client: _____ Date of diagnosis: _____

Degree of sleep apnea:

- mild
- moderate
- severe

Sleep study results (of available):

_____ Apnea-Hypopnea Index (AHI)

_____ Respiratory Disturbance Index (RDI)

_____ Lowest Oxygen Saturation % (O2 Sat)

Treatment prescribed: _____

Do you use treatment as prescribed: Yes No

If no, why not: _____

Continued symptoms after treatment: Yes No

If yes, what type:

- Snoring
- Fatigue
- Other (provide details): _____

Current build: Height: _____ ft _____ in Weight: _____ lbs

(See Obesity/Underweight questionnaire if applicable)

Any other medical conditions: _____

(See Other Medical Questionnaires, if applicable)