



AUSTIN - 7101 EASY WIND DRIVE, STE. 3116
AUSTIN, TX 78752

LAKEWAY - 317 RANCH RD 620 S, STE. 101
LAKEWAY, TX 78734

PHONE: (512) 645-0818

WEBSITE: WWW.SLEEPCYCLECENTERS.COM

PATIENT NAME: _____

DOB: _____

Phone: _____

Email: _____

Address: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING "YES" OR "NO" FOR EACH ONE.

Key:

**SNORING/
OBSERVED
APNEA**
LOW RISK
REQUIRES HST

3 Yes's
MODERATE RISK
REQUIRES HST

5 Yes's
HIGH RISK
REQUIRES HST

S	Do you Snore ?
T	Do you often feel Tired , fatigued, or sleepy during the daytime?
O	Has anyone Observed that you stop breathing or choke or gasp during your sleep?
P	Do you have or are you being treat for high blood Pressure ?
B	Is your BMI more than (24:Female) or (27:Male)? (<i>Consult the chart below</i>)
A	Is your Age older than 50 years?
N	Is your Neck size larger than (15":Female) or (16.5":Male)?
G	What is your Gender ? (MALE = Yes)

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
MALE	FEMALE

SCORE (1) POINT FOR EACH RESPONSE IN THE LEFT COLUMN

BMI	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
Height	Weight in Pounds																		
58" 4'10"	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	182	187	192	
59" 4'11"	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	
60" 5'	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	
61" 5'1"	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	200	205	210	
62" 5'2"	126	131	136	142	147	153	158	164	169	175	180	186	191	196	201	206	211	216	
63" 5'3"	130	135	141	146	152	158	163	169	175	180	186	191	197	203	209	215	221	227	
64" 5'4"	134	140	145	151	157	163	169	174	180	186	192	197	204	210	216	222	228	234	
65" 5'5"	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	
66" 5'6"	142	148	155	161	167	173	179	186	192	198	204	210	216	222	228	234	240	246	
67" 5'7"	146	153	159	166	172	178	185	191	198	204	211	217	223	229	235	241	247	253	
68" 5'8"	151	158	164	171	177	184	190	197	203	210	216	223	230	236	242	248	254	260	
69" 5'9"	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	264	271	
70" 5'10"	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	
71" 5'11"	165	172	179	186	193	200	208	215	222	229	236	243	250	257	264	271	278	285	
72" 6'	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	286	293	
73" 6'1"	174	182	189	197	204	212	219	227	235	242	250	257	265	272	279	286	293	300	
74" 6'2"	179	186	194	202	210	218	225	233	241	249	256	264	272	279	286	293	300	307	
75" 6'3"	184	192	200	208	216	224	232	240	248	256	264	272	279	286	293	300	307	314	
	WNL	Overweight						Obese						Bariatric					

Source: US Department of Health and Human Services, Nation Institutes of Health, National Health, Lung, and Blood Institute. The Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: Evidence Report. September 1998 [NIH pub. No. 98-4083]