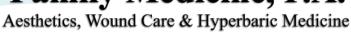
Park Lakes Family Medicine, P.A.





ate Na	ime			DOB
. Ht	Wt	_ Neck Circumference	ВМІ	
	Plea	se check Yes or No to the following	g:	
"Active" sleep-p	oatient r	moves around/tosses all night long	Yes	No
BMI>35 with the inability to lie flat in bed			Yes	No
Sleep deprived spouse or partner			Yes	No
Gastroesophageal reflux			Yes	No
Irregular breathing			Yes	_ No
"habitual" snoring			Yes	No
Excessively tired throughout the day (EDS)			Yes	No
Morning Headaches			Yes_	_ No
Difficulty concentrating				No_
Large neck circumference= 17in. male /16in. female				No
Frequent urination during the night				No
PTSD-Post traumatic stress disorder/Anxiety				No
Pulmonary disease (Asthma, COPD)				No
Sleep disordered breathing				No
Wheezing, coughing and dyspnea during sleep				 No
		Epworth Sleepiness Scale		
Cl	hance of	Dozing: 0=never 1=slight 2=moderate 3	=high/alway	s
	Sitting	and reading		
Watching TV				
	_	nactive in a public place		
		ger in a car for an hour		
		own to rest in the afternoon and talking to someone		
	_	quietly after lunch without alcohol		
		while stopped for a few minutes in traff		
Score:				
	nal 10-12	2=Borderline 12-24=Abnormal Total	Score:	

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