



Respiratory Care & Diagnostics LLC

Self-Assessment Questionnaire

Directions:

1. Take the self-test (be honest with yourself)
2. Consult with your doctor with results or call to schedule self-pay testing
3. We ship to you, follow instructions to test, then send back to us
4. Results within 5-7 days after receiving the equipment back
5. Talk to your doctor about results and seeking treatment options

Name	
Address	
Phone Number	
Email	

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations?

Use the following scale to tell us how likely you are to doze:

0
No chance
1
Slight chance
2
Moderate chance
3
High chance

	Your Score
Sitting and reading	
Lying down to rest in the afternoon when circumstances permit	
Watching television	
Sitting and talking to someone	
Sitting inactive in a public space (such as theatre or meeting)	
Sitting quietly after lunch with alcohol	
As a passenger in a car for an hour without a break	
In a car, while stopped for a few minutes in traffic	
Total Score	

1 – 5	Lower normal daytime sleepiness
6 – 10	Higher normal daytime sleepiness
11 – 12	Mild excessive daytime sleepiness
13 – 15	Moderate excessive daytime sleepiness
16 – 24	Severe excessive daytime sleepiness

STOP-Bang Questionnaire

Please answer the following questions by checking 'yes' or 'no' for each one

- Snoring (Do you snore loudly?)
- Tiredness (Do you often feel tired, fatigued or sleepy during the daytime?)
- Observed apnea (Has anyone observed that you stop breathing, or choke or gasp during your sleep?)
- High Blood Pressure (Do you have or are you being treated for high blood pressure?)
- BMI (Is your body mass index more than 35kg per m²?)
- Age (Are you older than 50 years?)
- Neck circumference (Is your neck circumference greater than 40 cm [15.75 in]?)
- Gender (Are you male?)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Score 1 point for each positive response

Scoring interpretation: 0 – 2 = low risk, 3 or 4 = intermediate risk, ≥5 = high risk