

Patient Assessment Questionnaire

Patient Name: _____ Birthdate _____

Address: _____ Phone: _____

Height: _____ Weight: _____ Age: _____ Gender: Male Female

Category 1

1. Do you snore? Yes No Don't know
2. If you snore, is your snoring? Slightly louder than breathing As loud as talking
 Louder than talking Very loud. Can be heard in adjacent rooms.
3. How often do you snore? Nearly every day 3-4 times a week 1-2 times a week
 1-2 times a month Never or nearly never
4. Has your snoring ever bothered other people? Yes No
5. Has anyone noticed that you quit breathing during your sleep? Nearly every day 3-4 times a week
 1-2 times a week 1-2 times a month Never or nearly never

Category 2

6. How often do you feel tired or fatigued after you sleep? Nearly every day 3-4 times a week
 1-2 times a week 1-2 times a month Never or nearly never
7. During your waketime, do you feel tired, fatigued or not up to par? Nearly every day 3-4 times a week
 1-2 times a week 1-2 times a month Never or nearly never
8. Have you ever nodded off or fallen asleep while driving a vehicle? Yes No
9. If you have nodded off or fallen asleep while driving, how often does it occur? Nearly every day
 3-4 times a week 1-2 times a week 1-2 times a month Never or nearly never

Category 3

10. Do you have high blood pressure? Yes No Don't know BMI = _____



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Physician Instructions

This self-assessment questionnaire will help identify patients at risk for Obstructive Sleep Apnea (OSA) and those who snore but have a low risk of OSA. To complete and score the questionnaire, follow these instructions:

Step 1: Have the patient complete the questionnaire.

Step 2: Score the questionnaire.

Scoring Questions: Any answer in blue is a positive response

Scoring Categories:

Category 1 is positive, with two or more positive responses to questions 1-5.

Category 2 is positive, with two or more positive responses to questions 6-9.

Category 3 is positive, with one positive response and/or a BMI >30.

Final Result: Two or more positive categories indicates a high likelihood of sleep-disordered breathing.

Step 3: Discuss results with the patient. A patient has a positive questionnaire if they score "positive" in two or more sections. In this case, discuss the patient's risk of a sleep disorder and explore their willingness to go to a sleep center for additional evaluation and polysomnography.

		Weight in Pounds													
		91	96	100	105	110	114	120	124	129	134	139	143	167	191
4-11		94	99	104	109	114	119	124	129	133	138	146	148	173	198
		97	102	108	112	118	123	128	133	138	143	149	153	179	204
5-1		100	106	111	116	122	127	132	137	143	148	153	153	185	211
		104	106	115	120	126	131	136	142	147	153	158	164	191	218
5-3		107	113	118	124	130	135	141	147	152	156	163	169	197	225
		111	116	122	128	134	140	145	151	157	163	168	174	204	233
5-5		114	120	126	132	138	144	150	153	162	126	174	180	210	240
		118	124	130	136	142	148	155	161	167	173	179	185	216	248
5-7		121	127	134	140	147	153	159	166	172	178	185	191	223	255
		125	131	138	144	151	158	164	171	177	187	190	197	230	263
5-9		128	135	142	149	155	162	169	176	183	189	196	203	237	270
		132	139	146	153	160	167	174	181	188	195	202	209	249	278
5-11		136	143	150	157	165	172	179	186	193	200	208	215	250	286
		140	147	155	162	169	177	184	191	199	206	213	221	258	294
6-1		144	151	159	166	174	182	190	197	204	212	219	227	268	303
		148	155	163	171	179	187	194	202	210	218	225	233	272	311
6-3		152	160	168	176	184	192	200	208	216	224	232	240	279	319
		156	164	172	180	189	197	205	213	221	230	238	246	287	328
		19	20	21	22	23	24	25	26	27	28	29	30	35	40

Thank you in advance for including the following information:

- History and Physical - Or office note describing the pertinent history and reason for referral. It helps us understand the patient's overall health status and the likely impact of any sleep-related problem.
- Most recent CBC and thyroid Panel or TSH - Sleep disorders commonly accompany anemia, polycythemia, and thyroid dysfunction.
- Current patient demographic information and a copy of the insurance card.

We appreciate your referral and will send you a consultation report, as well as reports for any testing and follow-up visits.



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REM Sleep Diagnostics follows strict and proven guidelines established by the American Academy of Sleep Medicine, ensuring every patient has the most thorough, safe, and accurate sleep evaluation possible. We are proud to provide custom-tailored solutions to manage your patients' sleep disorders effectively so they can enjoy a lifetime of better rest and better health.