



Sleep Assessment

Category 1

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|--|---|
| 1) Do you snore? A) Yes B) No (Skip to question 5 0 C) I don't know | 2) If you snore, is your snoring... A) Slightly louder than breathing B) As loud as talking C) Louder than talking D) Very loud |
| 3) How often do you snore? A) Almost every night B) 3-4 times a week C) 1-2 times a week D) Never or Almost never | 4) Does your snoring bother other people A) Yes B) No |
| 5) Has anyone noticed that you quit breathing during your sleep? A) Almost everyday B) 3-4 times a week C) 1-2 times a week D) Never or almost never | |

Category II

| | |
|---|--|
| 6) Are you still tired after sleeping? A) Almost everyday B) 3-4 times a week C) 1-2 times a month D) Never or almost never | 7) Are you tired during wake time? A) Almost everyday B) 3-4 times a week C) 1-2 times a week D) Never or almost never |
| 8) Have you nodded off or fallen asleep while driving? A)Yes B) No | 9) If yes to question 8. How often does it occur? A) Everyday B) 3-4 times a week C) 1-2 times a week D) 1-2 times a month E) Never or almost never |

Category III

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| 10) Do you have High Blood Pressure? A) Yes B) No C) I don't know |
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Body Mass Index Chart

BMI= _____

| BMI | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 35 | 40 | 45 |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Height | | | | | | | | | | | | | | | |
| 4'10" | 91 | 96 | 100 | 105 | 110 | 115 | 119 | 124 | 129 | 134 | 138 | 143 | 167 | 191 | 215 |
| 5' | 97 | 102 | 107 | 112 | 118 | 123 | 128 | 133 | 138 | 143 | 148 | 153 | 179 | 204 | 230 |
| 5'1" | 100 | 106 | 111 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 | 185 | 211 | 238 |
| 5'2" | 104 | 109 | 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 | 191 | 218 | 246 |
| 5'3" | 107 | 113 | 118 | 124 | 130 | 135 | 141 | 146 | 152 | 158 | 163 | 169 | 197 | 225 | 254 |
| 5'4" | 110 | 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 169 | 174 | 204 | 232 | 262 |
| 5'5" | 114 | 120 | 126 | 132 | 138 | 144 | 150 | 156 | 162 | 168 | 174 | 180 | 210 | 240 | 270 |
| 5'6" | 118 | 124 | 130 | 136 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 186 | 216 | 247 | 278 |
| 5'7" | 121 | 127 | 134 | 140 | 146 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 223 | 255 | 287 |
| 5'8" | 125 | 131 | 138 | 144 | 151 | 158 | 164 | 171 | 177 | 184 | 190 | 197 | 230 | 262 | 295 |
| 5'9" | 128 | 135 | 142 | 149 | 155 | 162 | 169 | 176 | 182 | 189 | 196 | 203 | 236 | 270 | 304 |
| 5'10" | 132 | 139 | 146 | 153 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 | 243 | 278 | 313 |
| 6' | 140 | 147 | 154 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 | 258 | 294 | 331 |
| 6'2" | 148 | 155 | 163 | 171 | 179 | 186 | 194 | 202 | 210 | 218 | 225 | 233 | 272 | 311 | 350 |

Sleep Results Guide

Category 1 Score= 2 or more bolded answers you have a high risk for a sleep disorder

Category 2 Score= 2 or more bolded answers you have a high risk for a sleep disorder

Category 3 Score= a yes response and/or a BMI over 30 you have a high risk of a sleep disorder

If you score high in 2 or more of the categories, you should be evaluated by a sleep specialist



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8 Ways to Get Better Sleep

- 1) Keep a consistent sleep schedule**
- 2) No naps after 3pm**
- 3) Naps should not last longer than 20 minutes**
- 4) Stay away from caffeine late in the day**
- 5) Avoid Nicotine**
- 6) Stay Active Regularly- but not right before bed**
- 7) Your bedroom should not be too warm or cold and also dark**
- 8) Turn off all screens an hour before bed**

