

David Nolte MISTER CPAP

your comprehensive resource for sleep apnoea solutions

David Nolte Pharmacy
 701-703 Rathdowne St, North Carlton
 (03) 9349 1522 Fax (03) 9349 1115
www.mistercpap.com david@nolte.com.au

How well are you sleeping?

D.O.B: _____ Sex: M F Height: _____ cm Weight: _____ kg

Do you regularly...

- Snore heavily? Yes / No
- Fall asleep while watching television? Yes / No
- Fight sleepiness on the job or when driving? Yes / No
- Wake with headaches? Yes / No
- Have high blood pressure? Yes / No
- Wake feeling tired, fatigued, unrefreshed? Yes / No
- Wake frequently and struggle to fall back to sleep? Yes / No
- Wake with a choking / gasping feeling? Yes / No
- Do you smoke? Yes / No
- Suffer sexual dysfunction? Yes / No

Does your bed partner complain of...

- Your loud snoring? Yes / No
- Your legs twitching or kicking at night? Yes / No
- Long breathing pauses during your sleep? Yes / No

Usual time to bed - _____ Usual time of waking - _____

Employment status? _____

Do you suffer from any nasal or sinus problems? _____

Current medications? _____

Epworth Sleepiness Scale

How likely are you to fall asleep in the following situations? Even if you have not done these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

- 0 = would never doze
- 1 = Slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

Situation	Chance of Dozing	To choose the number click on arrow and select the number
Sitting and reading		
Watching television		
Sitting inactive in a public place		
As a car passenger for an hour		
Lying down to rest in the afternoon		
Sitting and talking to someone		
Sitting quietly after lunch (without alcohol)		
In a car, while stopping for a few minutes in traffic		

Total: _____

<8=normal sleep function, 8-10=mild sleepiness, 11-15=moderate sleepiness, 16-20=severe sleepiness.

If you scored above 8, you may be suffering from sleep disordered breathing.

Berlin Questionnaire

Category 1.

1. Do you snore?

yes

- no
- don't know

2. If you snore, your snoring is?

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 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 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 wake time, 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 yes, 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

BMI = _____

(weight kg) / (height m)²

Scoring Questions: Any answer within box outline is a positive response.

Category 1 is positive with 2 or more positive responses to questions 1-5

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

Category 3 is positive with 1 positive response and a BMI > 30

Final Result: 2 or more positive categories indicates a high likelihood of sleep disordered breathing.

Name: _____

Address: _____

Email: _____

Phone: _____

Tick for permission to contact you via email

Please discuss your results from these questionnaires with your Pharmacist, General Practitioner or David Nolte (on 0418 394464 Text or Phone). At David Nolte Pharmacy, we have a comprehensive range of sleep-disordered breathing solutions. "Don't laugh you may actually have it" is what David often says!!!