SLEEPMED ARES Questionnaire ©

SleepMed

PRINT IN CAPITAL LETTERS - STAY WITHIN THE BOX All Fields Required-unless otherwise specified

Last Name | First Name | Middle Initial | Gender: Male / Female

Date of Birth: Month / Day / Year | Weight: Pounds | Height: Feet / Inches | Neck Size: Inches

I.D. Number (optional)

Tally ARES Risk Points

Neck Size
+2 Male ≥16.5
+2 Female ≥15

Score

COMPLETELY FILL IN ONE SQUARE FOR EACH QUESTION - ANSWER ALL QUESTIONS

Have you been diagnosed or treated for any of the following conditions?

Condition			Condition		
High blood pressure	Yes	No	Stroke	Yes	No
Heart disease	Yes	No	Depression	Yes	No
Diabetes	Yes	No	Sleep Apnea	Yes	No
Lung disease	Yes	No	Nasal oxygen use	Yes	No
Insomnia	Yes	No	Restless legs syndrome	Yes	No
Narcolepsy	Yes	No	Morning Headaches	Yes	No
Sleep Medication	Yes	No	Pain Medication e.g. vicodin, oxycontin	Yes	No

Co-morbidities +1 for each Yes response

Score

Do not assign any points for these eight responses

Epworth Sleepiness Scale: How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale tomark the most appropriate box for each situation. (M W Johns, Sleep 1991)

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

Situation	0	1	2	3
Sitting and reading				
Watching TV				
Sitting, inactive, in a public place (theater, meeting, etc)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after lunch without alcohol				
In a car, while stopped for a few minutes in traffic				

Epworth Score
Total the values from all 8 questions.
If 11 or less Score = 0
If 12 or more Score = 2

Score

Frequency (Check one for each question): Never **+0**, Rarely **+1** times/wk, Sometimes **+2** times/wk, Frequently **+3** times/wk, Almost Always **+4** times/wk.

On average in the past month, how often have you snored or been told that you snored?

Never +0 | Rarely +1 | Sometimes +2 | Frequently +3 | Almost always +4

Do you wake up choking or gasping?

Never +0 | Rarely +1 | Sometimes +2 | Frequently +3 | Almost always +4

Have you been told that you stop breathing in your sleep or wake up choking or gasping?

Never +0 | Rarely +1 | Sometimes +2 | Frequently +3 | Almost always +4

Do you have problems keeping your legs still at night or need to move them to feel comfortable?

Never | Rarely | Sometimes | Frequently | Almost always

Assign points for each of the first three responses

I have personally completed this questionnaire.
Signature | Date | Phone Number

Epworth Sleepiness Scale:
If points total =3 or lower (no risk)
4 or 5 (low risk), 6 to 10
(high) and 11 or more (very high risk)

Point Total

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