Watermark Medical ARES Questionnaire ©

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?

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

	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 ☐

Total points for the first three responses ☐

Point Total ☐

I have personally completed this questionnaire.
Signature

Date

Phone Number

Total all 4 boxes from the right side
If points total =3 or lower (no risk)
4 or 5 (low risk), 6 to 10
(high) and 11 or more (very high risk)