Sitting at a traffic stoplight for a few minutes Sitting quietly after a lunch without alcohol Sitting and reading How likely are you to nod off or fall asleep in the following situations? Add up your points to get your total score Sitting and talking to someone Lying down to rest in the afternoon Riding as a passenger for a continuous hour Sitting inactive in a public place (theater, meetings) Watching TV **EPWORTH** U

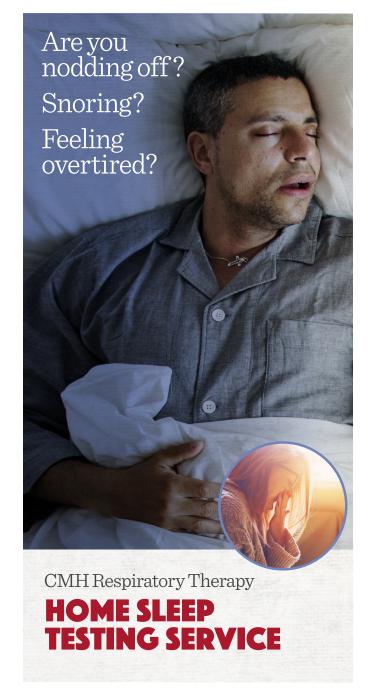
9-10 10-12

Normal range Borderline



2111 Exchange Street Astoria, OR 97103

(503) 325-4321







CMH Respiratory Therapy

HOME SLEEP TESTING SERVICE

What is sleep apnea?

Sleep apnea is the failure to breathe while you sleep. **Obstructive sleep apnea (OSA)** is the most common type of apnea. In this form of the disease, the airway collapses, cutting off air to the lungs. A partial airway obstruction causes the upper airway tissues to vibrate and produce the sound of the classic snore. About 30 million Americans have undiagnosed sleep apnea.





Diagram A shows the normal airway passage. With obstructive sleep apnea (**Diagram B**), the muscles in the airway relax, closing down the airway. This keeps oxygen from getting to the lungs and the rest of the body.

Cumulative effect of OSA

As OSA develops, it has a cumulative effect. This means that the longer the disease goes untreated, the greater the negative side effects and associated health risks. If sleep apnea remains untreated, other health conditions may emerge, or existing health problems may be exacerbated, including:

- High blood pressure
- Heart disease
- Heart attack
- Heart attack
- Heart failure
- Stroke
- Diabetes

- Depression
- Reflux disease (GERD)
- Atherosclerosis
- Gestational diabetes
- Sexual dysfunction

Do you have OSA?

HOME SLEEP TESTING

The **CMH Home Sleep Testing Service** offers an easy option. You will be able to spend the night in your own bed in familiar surroundings. After a brief training by your health care provider, you can take a portable sleep diagnostic device home for a self-administered sleep test. The home sleep test is only a fraction of the cost of an in-lab sleep test.

SLEEP SCREENING QUESTIONNAIRE

Complete the following questionnaire to see if you're a candidate for a home sleep test.

Do you have any three of the following?

| S.T.O.P. | YES | NO |
|-----------------------------------|---------|-----|
| Snoring | THE THE | |
| Tiredness | | |
| Observed Stopped Breathing | | |
| High Blood Pressure | | |
| | | |
| B.A.N.G. | YES | NO |
| BMI>35 | | |
| A ge > 50 | | |
| | | 100 |
| Neck circumference > 15.7" (40cm) | | |

If you answered "yes" to three or more of the questions, you are at high risk for obstructive sleep apnea.

See next panel for the Epworth Sleepiness Scale



CMH Respiratory Therapy Call 503-338-7513