

Watermark Medical ARES Cuestionario

IMPRIMA EN LETRAS MAYÚSCALAS – MANTENIÉNDOSE DENTRO LA CASILLA

Nombre		Segundo Nombre		Apellido		Tally ARES Risk Points
Peso	Libras		Edad	Años		
	Pies			Pulgadas		Pulgadas
Altura	Pies		Pulgadas		Medida de Cuello	Pulgadas
	Mes		Día	Año		
Fecha de Nacimiento						Score <input style="width: 40px; height: 20px;" type="text"/>

Neck Size
+2 Male ≥16.5
+2 Female ≥15.0

POR CADA PREGUNTA LLENE DEL TODO EL CIRCULO ADECUADO – CONTESTE TODAS LAS PREGUNTAS

¿Ha sido usted diagnosticado o recibido tratamiento por las siguientes condiciones médicas?				Co-morbidities +1 for each Yes response
Alta presión	Sí <input type="radio"/> No <input type="radio"/>	Derrame cerebral	Sí <input type="radio"/> No <input type="radio"/>	
Enfermedad del corazón	Sí <input type="radio"/> No <input type="radio"/>	Depresión	Sí <input type="radio"/> No <input type="radio"/>	Score <input style="width: 40px; height: 20px;" type="text"/>
Diabetes	Sí <input type="radio"/> No <input type="radio"/>	Apnea del sueño	Sí <input type="radio"/> No <input type="radio"/>	
Enfermedad de los pulmones	Sí <input type="radio"/> No <input type="radio"/>	Uso de oxígeno nasal	Sí <input type="radio"/> No <input type="radio"/>	Do not assign any points for these eight responses
Insomnio	Sí <input type="radio"/> No <input type="radio"/>	Síndrome de piernas inquietas	Sí <input type="radio"/> No <input type="radio"/>	
Narcolepsia	Sí <input type="radio"/> No <input type="radio"/>	Dolores de cabeza por la mañana	Sí <input type="radio"/> No <input type="radio"/>	
Medicación para dormir	Sí <input type="radio"/> No <input type="radio"/>	Medicamentos para el dolor	Sí <input type="radio"/> No <input type="radio"/>	

<p>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 to mark the most appropriate box for each situation. (M.W. Johns, Sleep 1991)</p>						Epworth Score TOTAL the values from all 8 questions, If 11 or less Score = 0 If 12 or more Score = 2
0 = would never doze	1 = slight chance of dozing	0	1	2	3	
2 = moderate chance of dozing	3 = high chance of dozing					
Sitting and reading		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Watching TV		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting, inactive, in a public place (theater, meeting, etc)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
As a passenger in a car for an hour without a break		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lying down to rest in the afternoon when circumstances permit		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting and talking to someone		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting quietly after lunch without alcohol		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
In a car, while stopped for a few minutes in traffic		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Score

Assign points for each of the first three responses

Frequency	0 - 1 times/week	1 - 2 times/week	3 - 4 times/week	5 - 7 times/week	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
On average in the past month, how often have you snored or been told that you snored?					
Never <input type="radio"/>	Rarely <input type="radio"/> +1	Sometimes <input type="radio"/> +2	Frequently <input type="radio"/> +3	Almost always <input type="radio"/> +4	
Do you wake up choking or gasping?					
Never <input type="radio"/>	Rarely <input type="radio"/> +1	Sometimes <input type="radio"/> +2	Frequently <input type="radio"/> +3	Almost always <input type="radio"/> +4	
Have you been told that you stop breathing in your sleep or wake up choking or gasping?					
Never <input type="radio"/>	Rarely <input type="radio"/> +1	Sometimes <input type="radio"/> +2	Frequently <input type="radio"/> +3	Almost always <input type="radio"/> +4	
Do you have problems keeping your legs still at night or need to move them to feel comfortable?					
Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Frequently <input type="radio"/>	Almost always <input type="radio"/>	

Signature	Area Code	Phone Number	Total all 6 boxes from above	Point Total
			If point total = 4 or 5 (low risk), 6 to 10 (high) and 11 or more (very high risk)	<input style="width: 40px; height: 20px;" type="text"/>