Thank you for completing your detailed Clinical Sleep Assessment Questionnaire

The analysis of the data you provided is summarized below.

This copy of the summary is yours to keep.

During your sleep expert consultation, you will have an opportunity to further discuss the results and set out the next steps on your road to optimum sleep health.

Thank you for choosing iSleepClinic.com

Clinical Sleep Assessment Summary

Patient Name:		Date Of Birth	24 November 2026
Gender:		Height (cm):	
Referring Doctor:	DR.	Weight (kg):	
Assessment Date:	06 August 2023	BMI:	
Duration of Sleep Problems:		9 months	

1. Your Usual Sleep Habits

Durng the past month you have:

1. Gone to bed at 11pm to 12am
2. It takes you between 15 to 30 minutes for you to fall asleep.
3. You have gotten up around before 6am
4. You have had less than 5 hours hours of sleep.

2. Your Sleep Symptoms

You have listed the following sleep symptoms:

1. You have trouble returning to sleep
2. You feel tired upon waking in the morning

3. Spouse or roommate reports of symptoms

The person sharing your bedroom REPORTS the following about you:

1. Loud Snoring

4. Temporomandibular Joint (TMJ) Symptoms

You have indicated that you experience the following TMJ symptoms:

1. You have snoring

There is substantial scientific literature documenting the co-existence of TMJ disorders, Craniofacial pain and Headaches with Sleep Disordered Breathing and Obstructive Sleep Apnea.

The overlap between Sleep Apnea and TMJ Disorders is now well established.

Treatment of Sleep Apnea in many instances can relieve the TMJ Symptoms leading to improvements in Sleep Quality and Daytime Symptoms and relief of Pain.

5. Medical History

You have confirmed the following in your medical history:

Condition:	Details
You suffer from breathlessness, asthma, bronchitis or pneumonia	Asthma (controlled)

6. Surgical History

You have had an anesthetic previously

You have confirmed that you have previously undergone the following surgical procedure(s):
Kidney donor

You have not experienced these problems occurred during or after the surgery

7. Respiratory Symptoms

You have the following Respiratory tract symptoms:

1. You sometimes have difficulty breathing through your nose
2. You never have nasal discharge
3. You have had asthma or COPD

8. Current Medication

You are currently on the following medications:

Medication	Dose	Frequency	Reason for use
Nil			

9. Social History

You have mentioned that you:

1. You do not drink alcohol.
2. You are not a smoker and you do not smoke cigarettes/cigars/pipes a day.

10. Stop Bang

The STOP-Bang Questionnaire is an Internationally Validated questionnaire that assesses your risk of having Obstructive Sleep Apnea.

Your Scores are as follows:

STOP Score: 2/4

BANG:

1. BMI = Less than 35kg/m2
2. Age = Less than 50
3. Neck Size = Less than 17
4. Gender = Female

You have Low Risk for OSA

For the general population, the risk of having a Diagnosis of Sleep Apnea is calculated from the Eight Questions as follows:

1. **Low Risk:** Score of 0 - 2
2. **Intermediate Risk:** Score of less than 4 positive answers
3. **High Risk**

3.1. An overall score of more than Five positive answers
OR
3.2. You scored at least 2 or more on the STOP Question AND you answered YES to ONE of the following:
3.2.1. BMI > 35kg/m2
3.2.2. Neck Circumference greater than 17 inches / 43cm in male or 16 inches / 41cm in female
3.2.3. Male Gender
3.2.4. Age over 50

STOP-Bang Score & OSA Risk

Score = 3: 2.5 Fold the Risk of OSA (i.e. two and half times the risk)
Score = 4: 3 Fold the risk of OSA
Score = 5: 5 Fold the risk of OSA
Score = 6: 6 Fold the risk of OSA
Score = 7 or 8: 7 Fold the Risk of OSA

11. Restless Legs Syndrome (RLS) Criteria

You have scored as follows on the questions relating to the presence of Restless Legs Symptoms.

1. On the International Restless Legs Diagnostic (IRLSSG) Criteria you have Scored 4/4.

The IRLSSG require a Score of 4 out of 4 and also require that you do not have one of the following conditions that can mimic RLS Symptoms before a diagnosis of RLS can be made:

a. Leg cramps
b. Positional discomfort
c. Leg swelling
d. Arthritis

12. The Insomnia Severity Index

The Insomnia Severity Index gives an indication of your degree of Insomnia Symptoms.

Insomnia Disorder can only be diagnosed by a Sleep Professional such as a Psychologist, Psychiatrist or a Physician.

YOUR SCORE on this questionnaire is 21/28

Total score categories:
00 - 07 = No clinically significant Insomnia
08 - 14 = Subthreshold Insomnia
15 - 21 = Clinical Insomnia (moderate severity)
22 - 28 = Clinical Insomnia (severe)

If you have scored 14 or more on this questionnaire we advise you seek further help for the assessment and treatment of Insomnia.

13. Athens Insomnia Scale

The Athens Insomnia Scale is a measure of how severely certain sleep difficulties have affected you during the past month - particularly Insomnia Symptoms.

Your Total Score is 10/24

A Total Score of Less than 6 is within the normal range.
A score Between 6 - 10 Indicates that you have Insomnia and has been found in research studies to distinguish between patients with Insomnia and Non-Insomnia control groups.
A Score above 10 is a strong indication to seek assistance and advice for your Insomnia and Sleep Symptoms.

14. The Hospital Anxiety & Depression Scale (HADS)

The Hospital Anxiety and Depression Scale (HADS) scale has been used by Medical Doctors and Healthcare Workers to establish whether someone has significant symptoms of Anxiety or Depression.

The scale has 14 questions - Seven relate to Anxiety and Seven to Depression with each response rated from a score of Zero to Three giving a maximum score of 21 per scale.

A score of greater than 11 per Scale is regarded as significant in terms of symptoms.

Both Anxiety and Depressive symptoms commonly accompany Sleep Disorders and we use the HADS as a baseline measure to establish how significantly someone is impacted by their Sleep Disorder.

The HADS can also be used to monitor how well a person is progressing with treatment of their Sleep Disorder.

YOUR SCORES and RESPONSES on the H.A.D Scale

1. **ANXIETY SCALE SCORE 8/21**
2. **DEPRESSION SCALE SCORE 1/21**

15. The Beck Depression Inventory (BDI)

You have undertaken the Beck Depression Inventory (BDI) 21 Item Version as part of your Clinical Sleep Assessment.

The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression.

It is one of the most widely used psychometric tests for measuring the severity of depression.

It is not a diagnostic tool for Clinical Depression which can only be diagnosed by a qualified Mental Health Professional.

We use the BDI as part of your Sleep Assessment because Depressive Symptoms commonly accompany Sleep Problems and Sleep Disorders.

The BDI is a useful add value tool to establish baseline Depressive Symptoms in people with Sleep complaints and can be used to track response to treatment.

YOUR SCORE on the BDI is 8/63

Interpreting Your BDI Score

SCORE	MEANING
00 - 09	No Depressive Symptoms
10 - 16	Mild Depressive Symptoms
17 - 29	Moderate Depressive Symptoms
30 - 63	Severe Depressive Symptoms

16. The Epworth Sleepiness Scale

The Epworth Sleepiness Scale (ESS) can be used to assess daytime sleepiness and is used widely to provide your doctor an indication of how sleepy you are during the day and how severe this might be.

You have scored 11.

The ESS Score is interpreted as follows:

1. A Score of Less than 10 is considered to be within the normal range.
2. A Score of 11 - 12 indicates Mild Sleepiness
3. A Score of 13 - 15 indicates Moderate Sleepiness.
4. A Score higher than 16 - 24 is Severe Sleepiness

If you have symptoms of other Sleep Disorders such as Obstructive Sleep Apnea, Insomnia or RLS or have Moderate to Severe Sleepiness in the Daytime then it is advisable that you seek help from your Physician.

Moderate to Severe Excessive Sleepiness is almost always indicative of an underlying Sleep Disorder.

Narcolepsy, a condition that occurs in 1 in 2000 people, can cause persistent Moderate to Severe Excessive Daytime Sleepiness.

17. The Fatigue Severity Score

The Fatigue Severity Scale is used to establish whether someone has significant fatigue that is interfering with their ability to lead a normal life.

It has been widely used in people with Neurological and Psychological disorders to establish baseline fatigue levels and to track improvements or responses to treatment.

Daytime Fatigue is also though to reflect the impact of Sleep Loss on daytime function such that occurs in patients with Insomnia.

You have scored 40.

A total score of **less than 30** suggests that you may not be suffering from significant fatigue.

A total score of **36 or more** suggests that you may need further evaluation by a physician.

This scale should not be used to make your own diagnosis.

If your score is 36 or more, please share this information with your physician.

Be sure to describe all your symptoms as clearly as possible to aid in your diagnosis and treatment.

18. The Alertness Scale

Changes in alertness are particularly obvious in patients with sleep disorders.

Alertness is frequently affected by sleep deprivation (Insomnia), sleep disruption (Sleep Apnea) and also may be affected by medical and psychiatric conditions. Some prescribed medication also affects alertness.

The Alertness Scale you have completed has quantified three elements of Alertness

1. How External Factors Influence your level of Alertness
2. How you benefit from being more alert
3. The proportion of your usual day that you function with a high level of Alertness

Your Total Score on the Alertness Scale is 32/50

A low score indicates an Impaired Level of Alertness whereas a High Score Indicates a High Level of Alertness

If your score is below 20 we would recommend that you seek further Healthcare Advice to investigate your impaired level of alertness.

19. Parasomnia Inventory

The Parasomnia Inventory is a list of symptoms that may indicate an underlying Disorder of Arousal such as Sleepwalking, Sleep Talking or other behavior arising out of sleep.
You have listed the following Parasomnia Symptoms:

1. You talk in your sleep a few times a year
2. You grind or clench your teeth while asleep a few times a year
3. You have frequent nightmares a few times a year
4. You laugh in your sleep a few times a year

Summary of Scores and Measures

1	Stop Bang	STOP: 2/4 BANG BMI: Less than 35kg/m2 AGE: Less than 50 Neck Size: Less than 17 Gender: Female
2	International RLS Criteria Score	4/4
3	Insomnia Severity Index	21/28
4	Athens Insomnia Scale	10/24
5	Hospital Anxiety & Depression Scale (HADS)	Total: 9 (Anxiety: 8/21 | Depression: 1/21)
6	Beck Depression Inventory Score (BDI)	8/63
7	Epworth Sleepiness Score (ESS)	11/24
8	Fatigue Severity Score	40/63
9	The Alertness Scale	32/50