

Body Mass Index (BMI) Table

Name: _____ Today's date: _____

Your age (Yrs): _____ Your sex (Male = M, Female = F): _____

		Weight in pounds													
Height	4-10 →	91	96	100	105	110	114	120	124	129	134	139	143	167	191
	4-11 →	94	99	104	109	114	119	124	129	133	138	143	148	173	198
	5-0 →	97	102	108	112	118	123	128	133	138	143	149	153	179	204
	5-1 →	100	106	111	116	122	127	132	137	143	148	153	158	185	211
	5-2 →	104	109	115	120	126	131	136	142	147	153	158	164	191	218
	5-3 →	107	113	118	124	130	135	141	147	152	156	163	169	197	225
	5-4 →	111	116	122	128	134	140	145	151	157	163	168	174	204	233
	5-5 →	114	120	126	132	138	144	150	153	162	168	174	180	210	240
	5-6 →	118	124	130	136	142	148	155	161	167	173	179	185	216	248
	5-7 →	121	127	134	140	147	153	159	166	172	178	185	191	223	255
	5-8 →	125	131	138	144	151	158	164	171	177	187	190	197	230	263
	5-9 →	128	135	142	149	155	162	169	176	183	189	196	203	237	270
	5-10 →	132	139	146	153	160	167	174	181	188	195	202	209	249	278
	5-11 →	136	143	150	157	165	172	179	186	193	200	208	215	250	286
	6-0 →	140	147	155	162	169	177	184	191	199	206	213	221	258	294
	6-1 →	144	151	159	166	174	182	190	197	204	212	219	227	268	303
	6-2 →	148	155	163	171	179	187	194	202	210	218	225	233	272	311
	6-3 →	152	160	168	176	184	192	200	208	216	224	232	240	279	319
	6-4 →	156	164	172	180	189	197	205	213	221	230	238	246	287	328
			↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
		19	20	21	22	23	24	25	26	27	28	29	30	35	40
		BMI													

1. Look down the left column to find patient's height in feet and inches.
2. In the same row, find the number closest to the patient's weight in pounds.
3. BMI appears at the bottom of the column below the patient's weight.

Note: To calculate BMI with kilograms and meters use this formula: $BMI = \text{weight (kg)} / \text{height (m)}^2$

BMI score: _____

Epworth Sleepiness Scale total: _____

If BMI score is > 30 or the Epworth Sleepiness Scale score is nine or higher, refer the patient on for further diagnostic testing.



Epworth Sleepiness Scale

Name: _____ Today's date: _____

Your age (Yrs): _____ Your sex (Male = M, Female = F): _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

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

It is important that you answer each question as best you can.

Situation	Chance of Dozing (0-3)
Sitting and reading _____	<input type="text"/>
Watching TV _____	<input type="text"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting) _____	<input type="text"/>
As a passenger in a car for an hour without a break _____	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit _____	<input type="text"/>
Sitting and talking to someone _____	<input type="text"/>
Sitting quietly after a lunch without alcohol _____	<input type="text"/>
In a car, while stopped for a few minutes in the traffic _____	<input type="text"/>

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