

| Simple Four Variables (SFV)

Name

Date of Birth Today's Date

/ []² =

Weight (kg) Height (cm) BMI

Instructions

Please choose the correct response to each question.

1 Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
2 BMI	<input type="checkbox"/> Less than 21.0	<input type="checkbox"/> 21.0–22.9	<input type="checkbox"/> 23.0–24.9
	<input type="checkbox"/> 25.0–26.9	<input type="checkbox"/> 27.9–29.9	<input type="checkbox"/> 30 or more
3 Blood pressure systolic blood pressure: SBP diastolic blood pressure: DBP	<input type="checkbox"/> SBP <140 or DBP <90	<input type="checkbox"/> SBP : 140–159 or DBP 90–99	
	<input type="checkbox"/> SBP 160–179 or DBP 100–109	<input type="checkbox"/> SBP >180 or DBP >110	
4 Frequency of snoring	<input type="checkbox"/> Nightly snoring	<input type="checkbox"/> No snoring	

AREA DEDICATED TO PHYSICIANS

Add the scores for all 4 items:

Total score

When the values total a score of at least **14** is indicative of sleep disordered breathing.