



Name: _____

Patient ID _____

Screening for Sleep Apnea

This short quiz is designed to help you to recognize possible sleep apnea so that you can realize there can be relief for your symptoms. Please circle the number next to any that apply to you.

1. Do you wake up in the morning tired and foggy, not ready to face the day?
2. Do you have headaches in the morning?
3. Are you very sleepy during the day?
4. Do you fall asleep easily during the day?
5. Do you have difficulty concentrating, being productive, and completing tasks at work?
6. Do you carry out routine tasks in a daze?
7. Have you ever arrived home in your car but couldn't remember the trip from work?
8. Have you ever fallen asleep at a stop light or stop sign?
9. If you doze off, do you sometimes wake up with a snort?
10. Are you having serious relationship problems at home, with friends and relatives, or at work?
11. Are you afraid that you may be out of touch with the real world, unable to think clearly, losing your memory, or emotionally ill?
12. Do your friends tell you that you're not like yourself?
13. Are you depressed?
14. Are you irritable and angry, especially first thing in the morning?
15. Are you overweight?
16. Do you have high blood pressure?
17. Do you have pains in your bones and joints?
18. Do you have trouble breathing through your nose?
19. Do you often have a drink of alcohol before going to bed?
20. If you are a man, is your collar size 17 inches (42 centimeters) or larger? 16 inches for a female?
21. Do you snore loudly each night?
22. Do you have frequent pauses in breathing while you sleep (you stop breathing for ten seconds or longer)?
23. Are you restless during sleep, tossing and turning from one side to another?
24. Does your posture during sleep seem unusual? (Do you sleep sitting up or propped up by pillows?)
25. Do you have insomnia? (Waking up frequently and without a reason)
26. Do you have to get up to urinate several times during the night?
27. Have you wet your bed?
28. Have you fallen from bed?

What is your score?

If you answered "yes" to *any* of these questions, you *may* have sleep apnea. However, if you answered "yes" to any of the following especially important four questions, this *strongly suggests* that sleep apnea is the problem.

- Are you very sleepy during the day?
- Do you fall asleep easily during the day?
- Do you snore loudly each night?
- Do you have frequent pauses in breathing while you sleep (you stop breathing for 10 seconds or longer)?

