

Do you think you have sleep apnea? Answer this simple questionnaire and call our office for more information.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? 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

Situation

Chance of Dozing

Sitting and reading _____

Watching TV _____

Sitting, inactive in a public place (eg: theater or a meeting) _____

As a passenger in a car for an hour without a break _____

Lying down to rest in the afternoon when circumstances permit _____

Sitting and talking to someone _____

Sitting quietly after lunch without alcohol _____

In a car, while stopped for a few minutes in traffic _____

Other indicators of a sleep disorder

Do you snore loudly (louder than talking or can be heard through closed doors)?

Do you often feel tired, fatigued, or sleepy during daytime?

Has anyone observed you stop breathing during sleep?

Do you have or are you being treated for high blood pressure?

Have you ever woken up suddenly with shortness of breath, gasping or with your heart racing?

Have you had weight gain and find it difficult to lose?

Do you wake up with headaches?

Do you have trouble falling asleep?

Do you have trouble staying asleep once you fall asleep?