



Sleep Apnea Questionnaire

Mark "yes" or "no" for each question.

Feeling sleepy often during the day: yes no

Require naps or nodding off occasionally from being sleepy: yes no

Overweight, especially if difficult to control : yes no

Severe overweight or large neck size: yes no
(neck circumference over 17 inches in males and over 16 inches in females)

High blood pressure or diabetes that is difficult to control or on multiple medications: yes no

Forgetfulness, confusion or frequent accidents: yes no

Loud snoring, louder than normal conversation: yes no

Occasional breathing pauses at night: yes no

Irregular night breathing, followed by a gasp or snort: yes no

Awakening frequently at night with heartburn, night sweats or erectile dysfunction in men: yes no

Morning headaches, even occasionally: yes no

Awakening in the morning still feeling tired, groggy : yes no

Family history of loud snoring or sleep apnea: yes no

Irritability or mood change: yes no

If you answered "Yes" to more than three questions, you may be at HIGH RISK for sleep apnea and should be tested . If you answered "Yes" to two or three questions, you are at moderate risk, and should consider being tested.