

# Do you have Sleep Apnea?

Check all statements that apply to you.

- 1. I have been told that I snore.
- 2. I suffer from day time sleepiness and find it difficult to stay alert.
- 3. I toss and turn in my sleep.
- 4. I have high blood pressure.
- 5. My friends and family say that I'm often grumpy and irritable.
- 6. I get morning headaches.
- 7. I am overweight.
- 8. I have been told I hold my breath or stop breathing in my sleep.
- 9. I worry about things and have trouble relaxing.
- 10. I have fallen asleep at a stop light or stop sign.
- 11. I feel fatigued and frequently doze off.
- 12. I have heartburn at night.
- 13. I have frequent sore throats.
- 14. I have fallen asleep while driving.
- 15. I frequently wake up with a bad taste in my mouth.
- 16. I get up to visit the bathroom more than once a night.
- 17. I wish I had more energy.
- 18. I have trouble concentrating at work or school.
- 19. I wake up earlier in the morning than I would like to.
- 20. I have vivid dreams soon after falling asleep or during naps.
- 21. I have episodes of feeling paralyzed in my sleep.
- 22. I often feel sad or depressed because I can't sleep.
- 23. I have short-term memory problems.
- 24. I don't feel rested or refreshed, even after 8 or 10 hours of sleep.
- 25. I wake up at night coughing or wheezing.
- 26. I sometimes wake up with a pounding irregular heartbeat.
- 27. I wake up and have trouble going back to sleep.
- 28. I often feel like I'm in a daze.
- 29. I sometimes perspire a lot, especially at night.
- 30. During the night I suddenly wake up feeling like I'm choking.

Please complete this form and return to your physician for a possible evaluation of a sleep disorder.

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**Lexington Clinic**  
**Sleep Center**