

## **SLEEP APNEA QUESTIONNAIRE**

Please check statements below that apply to you.

- I have been told I snore.
- I often get sleepy during the day and find it difficult to remain alert.
- I toss and turn in my sleep.
- I have high blood pressure.
- I am easily irritated.
- I get morning headaches.
- I am overweight.
- I have fallen asleep while driving or while stopped at a stop sign or stop light.
- I feel fatigued more than usual, and find myself dozing off.
- I have heartburn at night.
- I frequently have a sore throat after sleeping.
- I frequently wake up with a bad taste in my mouth.
- I get up to use the bathroom more than once in one night.
- I wish I had more energy.
- I sometimes have trouble concentrating at school or work.
- I frequently wake up earlier than I want to.
- I often have vivid dreams at night or when napping.
- I have felt like I was paralyzed while sleeping.
- I often feel sad or depressed from lack of sleep.
- I have short-term memory problems.
- I still feel tired, even after a good night's sleep.
- I wake up at night coughing and/or choking.
- I sometimes wake up with a pounding, irregular heartbeat.
- I have trouble going back to sleep after waking during the night.
- I often perspire in my sleep.

Please return completed form to you physician for evaluation.