

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.