

Snoring and Sleep Apnea Questionnaire

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| 1. I have been told that I gasp, snort or stop breathing at night. | YES | NO |
| 2. My neck size is 17 in. or more for men or 16 in. or more for women. | YES | NO |
| 3. I have nighttime reflux. (A bad taste in my mouth during the night caused by mild regurgitation while sleeping.) | YES | NO |
| 4. I can fall asleep easily during the day even after six or more hours of sleep. | YES | NO |
| 5. I have been told that I snore loudly. | YES | NO |
| 6. I have high blood pressure. | YES | NO |
| 7. I have been told I snore less while sleeping on my side. | YES | NO |
| 8. I have excessive daytime sleepiness and/or daytime fatigue although I feel I sleep long enough at night. | YES | NO |
| 9. I have been awakened with a gasping or choking sensation. | YES | NO |
| 10. I have been depressed and have been told that my personality has changed. | YES | NO |
| 11. I am overweight. | YES | NO |
| 12. I wake up with morning headaches although I do not feel that I grind my teeth at night. | YES | NO |

If you answered “YES” to questions #1, 3, 4, 8 or 9, this is a high indicator for sleep apnea.

If you answered “YES” to three or more of questions #2, 5, 6, 10, 11 and 12, this indicates a possibility of sleep apnea.



If you suspect you may have Obstructive Sleep Apnea, see your doctor and explain your symptoms. Your doctor can schedule a sleep study which can provide the information about how you sleep and breath. This information will help your doctor determine your diagnosis and treatment options.