



## Do I Have Sleep Apnea?

Please answer YES or NO to the following questions. Each YES answer counts as 1 point. Total your score at the bottom to see if further evaluation is recommended.

1. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? YES [ ] NO [ ]
2. Do you often feel tired, fatigued, or sleepy during the daytime? YES [ ] NO [ ]
3. Has anyone observed you stop breathing during your sleep? YES [ ] NO [ ]
4. Do you have or are you being treated for high blood pressure? YES [ ] NO [ ]
5. Is your Body Mass Index (BMI) over 30? YES [ ] NO [ ]
6. Are you age 50 or older? YES [ ] NO [ ]
7. Is your neck circumference greater than 17 inches (male) or 16 inches (female)? YES [ ] NO [ ]
8. Are you male? YES [ ] NO [ ]
9. Do you have morning headaches? YES [ ] NO [ ]
10. Do you wake up with a dry mouth or sore throat? YES [ ] NO [ ]
11. Do you have difficulty staying asleep (maintenance insomnia)? YES [ ] NO [ ]
12. Do you frequently wake up to urinate during the night (nocturia)? YES [ ] NO [ ]
13. Have you been told that you breathe through your mouth while sleeping? YES [ ] NO [ ]
14. Do you experience mood changes, such as depression or irritability? YES [ ] NO [ ]
15. Do you have trouble concentrating or memory problems? YES [ ] NO [ ]

**Total YES answers:** \_\_\_\_\_

***If you answered YES to 5 or more questions, you may be at risk for sleep apnea and should consult a healthcare professional.***

