

Obstructive Sleep Apnea Questionnaire

Have you ever been told that you snore excessively, or that your breathing is interrupted while you sleep? Yes ☐ No ☐

Do you feel sleepy or fatigued during the day? Yes ☐ No ☐

Do you doze off while reading, watching television or driving? Yes ☐ No ☐

Do you have trouble falling asleep? Yes ☐ No ☐

Do you awake with a headache? Yes ☐ No ☐

Do you experience memory loss? Yes ☐ No ☐

Do you awake gasping for air? Yes ☐ No ☐

Do you find your heart beating irregularly at night? Yes ☐ No ☐

Do you awake in the morning without feeling refreshed? Yes ☐ No ☐

Do you ever experience sleep paralysis? Yes ☐ No ☐

Do you snore or wake up tired? Yes ☐ No ☐

Do you have high blood pressure? Yes ☐ No ☐

Do you have a weight problem? Yes ☐ No ☐