

# Patient Information

## Sleep Apnea Questionnaire

Have you ever been told you occasionally snore? Y  N

Has anyone ever witnessed that you stop breathing while sleeping and or snoring? Y  N

Have you ever been diagnosed with sleep apnea? Y  N

Please check the appropriate box below:

High Blood Pressure Y  N

Heart Disease Y  N

History of Heart Attack or Stroke Y  N

Mood Disorder Y  N

Impaired Thinking Y  N

Insomnia Y  N

Please rate the chances of you dozing off in the following situations on a scale of 0-4:

Situation	Chance of Dozing
Sitting & reading	0 = NO chance of dozing 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing  Total <input type="text"/>  Epworth Sleepiness Scale <input type="text"/>
Watching TV	
Sitting inactive in a public place	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting & talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

Have you ever tried any of the following to help improve your sleep breathing?

CPAP Y  N

Weight Loss Y  N

Nose Strips Y  N

Side Sleeping Y  N

Surgical Treatments Y  N

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_