



SLEEP APNEA RISK ASSESSMENT QUIZ

Sleep Center

800 North Fant Street, Anderson, SC 29621

Answer the questions below and share your results with your doctor who can determine whether you are at risk for a sleep disorder and can prescribe a sleep study.

- I've been told that I stop breathing while I sleep. Yes No
- I have high blood pressure. Yes No
- My friends and family say they have noticed changes in my personality. Yes No
- I am gaining weight. Yes No
- I sweat excessively during the night. Yes No
- I have noticed my heart pounding or beating irregularly at night. Yes No
- I get morning headaches. Yes No
- I have trouble sleeping when I have a cold. Yes No
- I suddenly wake up gasping for breath during the night. Yes No
- I am overweight. Yes No
- I seem to be losing my sex drive. Yes No
- I feel sleepy during the day even when I sleep through the night. Yes No

If you marked “**Yes**” to three or more times, you may show symptoms of **Sleep Apnea**, a life-threatening disorder that causes you to stop breathing repeatedly — often several hundred times a night — while you sleep.

This questionnaire is meant to be a source of education to help you and your physician decide if you need help or further evaluation. It should not be used for diagnosis or treatment purposes.

If you show symptoms of a sleep disorder for more than two weeks, please take this form to your physician.