The following may indicate you have sleep apnea:

___ I have been told I snore
___ I have high blood pressure
___ I often feel excessively sleepy during the day
___ I have a 16” neck (Females)
___ I have a 17” neck (Males)
___ I have diabetes
___ I have been told I stop breathing when I sleep
___ I sometimes suffer from morning headaches
___ I sometimes wake up gasping for air, unable to breathe
___ I awaken often at night to urinate
___ I have experienced fidgeting, twitching, or jerking of my limbs or body while sleeping
___ I don’t feel rested or refreshed upon awakening

EPWORTH SLEEPINESS SCALE

The Epworth Sleepiness Scale below is used to determine the level of daytime sleepiness. A score of 10 or more is considered sleepy. A score of 18 or more is very sleepy. If you score 10 or more on this test, you should consider whether you are obtaining adequate sleep, need to improve your sleep hygiene and/or need to see a sleep specialist. These issues should be discussed with your personal physician.

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life.

0 = would never doze or sleep 2 = moderate chance of dozing or sleeping
1 = slight chance of dozing or sleeping 3 = high chance of dozing or sleeping

<table>
<thead>
<tr>
<th>Situation</th>
<th>Chance of dozing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting and Reading</td>
<td></td>
</tr>
<tr>
<td>Watching TV</td>
<td></td>
</tr>
<tr>
<td>Sitting inactive in a public place</td>
<td></td>
</tr>
<tr>
<td>As a passenger in a car for an hour without a break</td>
<td></td>
</tr>
<tr>
<td>Lying down to rest in the afternoon when circumstances permit</td>
<td></td>
</tr>
<tr>
<td>Sitting and talking with someone</td>
<td></td>
</tr>
<tr>
<td>Sitting quietly after a lunch without alcohol</td>
<td></td>
</tr>
<tr>
<td>In a car, while stopped for a few minutes in traffic</td>
<td></td>
</tr>
</tbody>
</table>

Total

Other Considerations:

Have you ever had a sleep study before and how long ago was it?
Have you ever had any episodes of parasomnias (i.e., sleep walking, sleep talking, sleep eating, etc)
Have you ever had a stroke?
Do you have Chronic Obstructive Pulmonary Disorder (COPD)?
Do you have uncontrolled Congestive Heart Failure (III/IV)?