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**IF YOU ANSWER YES TO ANY OF THESE QUESTIONS YOU MIGHT HAVE  
SLEEP APNEA**

1. Have you ever been diagnosed with Sleep Apnea? Yes\_\_\_ No\_\_\_

2. Have you ever had a sleep study? Yes\_\_\_ No\_\_\_

3. Have you ever been told that you should wear a CPAP? Yes\_\_\_ No\_\_\_

\*Continuous positive airway pressure therapy (CPAP) uses a machine to help a person who has obstructive sleep apnea (OSA) breathe more easily during sleep. A CPAP machine increases air pressure in your throat so that your airway does not collapse when you breathe in.\*

4. Do you have morning headaches? Yes\_\_\_ No\_\_\_

5. Are you drowsy during the day, able to take a nap almost any time?

Yes\_\_\_ No\_\_\_

6. Have you been told that you gasp for air or suddenly stop breathing while sleeping? Yes\_\_\_ No\_\_\_

7. Do you snore? Yes\_\_\_ No\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_