

SELF-SCORING SLEEP QUESTIONNAIRE

We've developed this self-scoring questionnaire as a guideline to help identify sleep-disordered breathing problems, including Obstructive Sleep Apnea (OSA).

Check the appropriate box if you have experienced the symptom(s) on a regular basis:

1. I have been told that I snore.	<input type="checkbox"/>
2. I have been told that I stop breathing when I sleep, although I may have no recollection of this.	<input type="checkbox"/>
3. I am always sleepy during the day even if I slept throughout the night.	<input type="checkbox"/>
4. I have high blood pressure.	<input type="checkbox"/>
5. I have been told that I sleep restlessly, I am always "tossing" and "turning" while asleep.	<input type="checkbox"/>
6. I tend to sweat excessively during my sleep.	<input type="checkbox"/>
7. I frequently awaken with headaches in the morning.	<input type="checkbox"/>
8. I tend to fall asleep during inappropriate times.	<input type="checkbox"/>
9. Others and/or I have noticed a recent change in my personality.	<input type="checkbox"/>
10. I am overweight.	<input type="checkbox"/>

TOTAL CHECKED POSITIVE:

SCORING: If you have marked **three or more boxes**, you show symptoms of Sleep Apnea, a life-threatening disorder which causes you to stop breathing during your sleep, possibly several hundred times a night.

We recommend that you see to your physician or a dentist who is certified in dental sleep medicine for a sleep examination. Likewise, if your partner shows any signs of Sleep Apnea, you should persuade him or her to do the same.

Once diagnosed, sleep apnea and other types of sleep-disordered breathing problems can be treated quickly and easily. Treatment will not only improve your quality of life, but also increase your life expectancy.