

# Obstructive Sleep Apnea Assessment

This questionnaire is a tool to screen for sleep-related breathing problems, or obstructive sleep apnea. It is not a substitute for a sleep disorder evaluation by a qualified physician. However, it can help you identify key factors in your sleep habits that may contribute to obstructive sleep apnea.

*If you answer “Yes” to any of these questions, please discuss your symptoms with your health care provider.*



**Please answer the following questions:**

1. Do you snore or have you been told that you snore?  Yes  No
2. Have you been told that you appear to hold your breath while asleep?  Yes  No
3. Do you experience awakenings from sleep with a snort or cough, choking or shortness of breath?  Yes  No
4. Do your awakenings most often occur when you are sleeping on your back?  Yes  No
5. Is your sleep disturbed by heartburn, reflux or an acid/sour taste in your mouth?  Yes  No
6. Do you awaken from sleep with a headache?  Yes  No
7. Do you avoid sleeping on your back because it's hard to breathe?  Yes  No
8. Are you currently overweight?  Yes  No
9. Is your neck size greater than 17 inches if you're a male or greater than 16 inches if you're a female?  Yes  No
10. Do you frequently awaken with a dry mouth?  Yes  No
11. Are you excessively sleepy during the day?  Yes  No
12. Do you fight sleepiness while driving?  Yes  No
13. Do you have high blood pressure?  Yes  No

*Remember, if you have answered “Yes” to any of these questions, please discuss your symptoms with your health care provider.*

**METHODIST**  
 **MEDICAL CENTER**  
**OF OAK RIDGE**  
**Sleep Diagnostic Center**

Cheyenne Ambulatory Center 3rd Floor  
944 Oak Ridge Turnpike  
(865) 835-3810