



## Do **YOU** have a sleep disorder known as **Obstructive Sleep Apnea?**

This self test is a good place to begin.

Answer *Yes* or *No* to the following questions.

1. <b>Do you snore?</b>
2. <b>If you snore</b> , do you snore as loud as you talk to others?
3. <b>If you snore</b> , do you snore 3 nights per week or more?
4. <b>If you snore</b> , does your snoring bother other people?
5. Has anyone ever told you that you gasp for breath or stop breathing in your sleep?
6. Do you feel tired or groggy upon awakening or do you awaken with a headache?
7. Are you often tired or fatigued during the wake time hours?
8. Do you occasionally doze or fall asleep sitting, reading, watching TV or driving?
9. Do you often have problems with attention span, memory, or concentration?

Yes	No

If you answered yes to one or more of these questions, you are at a higher risk of having Obstructive Sleep Apnea. If you are overweight, have a large collar size (*17 inches or greater in men, 16 inches or greater in women*) and/or have high blood pressure, the risk increases even further.

Please fax form to 912-538-8404. Be sure to include your name and contact information.