

Do I Need a Test for Sleep Apnea?



CARDIO-PULMONARY ASSOCIATES
MEDICAL GROUP
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Sleep apnea is a serious breathing disorder in which people either struggle to breathe or stop breathing repetitively during sleep. Sleep apnea causes daytime sleepiness & fatigue, short-term memory loss & difficulty concentrating, morning headaches and other symptoms. Apnea also increases the difficulty of treating diabetes, high blood pressure, atrial fibrillation and congestive heart failure. 3-5% of all adults suffer from sleep apnea, but the risk is much higher in patients with various forms of cardiovascular disease.

Name: _____ DOB: _____ Date: _____

Height (m): _____ Weight (kg): _____ Age: _____ Male / Female: _____

Please circle the correct response to each question.

CATEGORY 1:	CATEGORY 2:	CATEGORY 3:
<p>1. Do you snore? a. Yes b. No c. Don't know</p> <p><i>If you snore:</i></p> <p>2. Your snoring is: a. Slightly louder than breathing b. As loud as talking c. Louder than talking d. Very loud – can be heard in adjacent rooms</p> <p>3. How often do you snore a. Nearly every day b. 3-4 times a week c. 1-2 times a week d. 1-2 times a month e. Never or nearly never</p> <p>4. Has your snoring ever bothered other people? a. Yes b. No c. Don't Know</p> <p>5. Has anyone noticed that you quit breathing during your sleep? a. Nearly every day b. 3-4 times a week c. 1-2 times a week d. 1-2 times a month e. Never or nearly never</p>	<p>6. How often do you feel tired or fatigued after your sleep? a. Nearly every day b. 3-4 times a week c. 1-2 times a week d. 1-2 times a month e. Never or nearly never</p> <p>7. During your waking time, do you feel tired, fatigued or not up to par? a. Nearly every day b. 3-4 times a week c. 1-2 times a week d. 1-2 times a month e. Never or nearly never</p> <p>8. Have you ever nodded off or fallen asleep while driving a vehicle? a. Yes b. No</p> <p><i>If yes:</i></p> <p>9. How often does this occur? a. Nearly every day b. 3-4 times a week c. 1-2 times a week d. 1-2 times a month e. Never or nearly never</p>	<p>10. Do you have high blood pressure? a. Yes b. No c. Don't know</p> <p>BMI=</p>