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NAME: _____ DATE: _____

Questionnaire				
Have you ever been told that you stop breathing while you sleep	Yes		No	8
Have you ever fallen asleep or nodded off while driving	Yes		No	6
Do you awaken suddenly with shortness of breath, gasping or with your heart racing	Yes		No	6
Are you excessively sleepy during the day	Yes		No	4
Has anyone ever told you that you snore while you're sleeping	Yes		No	4
Have you had a weight gain and found it difficult to lose the weight	Yes		No	2
Have you taken medication for or been diagnosed with high blood pressure	Yes		No	2
Do you kick or jerk your legs while sleeping	Yes		No	3
Do you feel burning, tingling or crawling sensations in your legs when you wake up	Yes		No	3
Do you wake up with headaches during the night or in the morning	Yes		No	3
Do you have trouble falling asleep	Yes		No	4
Do you have trouble staying asleep once you fall asleep	Yes		No	4

Score &Risk Factor _

Low	Moderate	High	Severe
0-7	8-11	12-16	17 +