

Name: _____

Date: _____

Mission Hospital

Five Simple Questions for Sleep Apnea Evaluation

Sleep apnea is a common breathing problem that can affect your sleep, health and quality of life.

Question:	YES	NO
Do you snore?	<input type="checkbox"/>	<input type="checkbox"/>
Are you excessively tired during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told that you stop breathing during sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of hypertension?	<input type="checkbox"/>	<input type="checkbox"/>
Is your neck size greater than 17 inches (male) or greater than 16 inches (female)?	<input type="checkbox"/>	<input type="checkbox"/>

YES to two or more of these questions is a positive screen for sleep apnea.
If you answered YES to two or more questions, show this completed questionnaire to your doctor.