

DR. VALIULIS' SLEEP APNEA SCREENING QUESTIONNAIRE

Last Name _____ First Name _____ Date of Birth _____
 Address _____

Home Phone _____ Cell Phone _____ email _____

Male ___ Female ___ Age _____ Height _____ Weight _____ Neck size _____ inches

Yes ___ No___ Do you Snore loudly?

Yes ___ No___ Do you feel tired, fatigued, or sleepy frequently during the daytime?

Yes ___ No___ Has anyone observed breathing stops/pauses during your sleep?

Yes ___ No___ Do you wake up choking or gasping for breath?

Yes ___ No___ Do you have high blood pressure?

Yes ___ No___ Have you gained more than 15 pounds over the last 6 months?

Yes ___ No___ When you wake up, do you feel refreshed?

Yes ___ No___ Do you wake up with headaches?

Yes ___ No___ Do you have trouble remembering things or paying attention during the day?

Yes ___ No___ Do you sweat while sleeping?

Yes ___ No___ Have you previously been diagnosed with sleep apnea? If yes then:

Yes ___ No___ Are you currently on CPAP or BIPAP treatment?

Yes ___ No___ Even with treatment, do you feel tired in the daytime?

Yes ___ No___ Was your diagnosis, Central Sleep Apnea?

Yes ___ No___ Do your legs move a lot while you sleep? or Are your sheets in a mess in the morning?

Yes ___ No___ Do you have COPD or any lung disease?

Yes ___ No___ Do you have heart failure?

Yes ___ No___ If you qualify, would you prefer to have a sleep study at home?

How likely are you to doze off or fall asleep in the following situations?

Circle the appropriate number

0=would never doze, 1=slight chance of dozing, 2=moderate chance of dozing, 3=high chance of dozing

Situation	Chance of dozing			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g., a theater or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch, without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Total from above: _____