

SLEEP QUESTIONNAIRE

1. DO YOU SNORE OR HAVE YOU BEEN TOLD YOU SNORE?

No YES

2. HAVE YOU BEEN DIAGNOSED WITH SLEEP APNEA?

No Yes

3. DO YOU WEAR A C-PAP OR HAVE YOU IN THE PAST?
HAVE YOU BEEN TOLD TO?

No Yes

4. HAVE YOU HAD A SLEEP STUDY OR BEEN TOLD TO GET A
SLEEP STUDY?

No Yes

DATE _____ SIGNATURE _____