## **Sleep / Snoring Screening Questionnaire**

YES	NO	Have you ever been told or suspect that you snore while you sleep?
YES	NO	Have you ever been told or suspect that you stop breathing while you sleep?
YES	NO	Have you ever been told or suspect that you talk in your sleep?
YES	NO	Have you ever been told or suspect that you kick, hit or twitch in your sleep?
YES	NO	During sleep, do you usually wake up due to pain or noise?
YES	NO	During the day, do you often feel tired or fatigued?
YES	NO	Have you recently found yourself nodding off or sleeping while driving?
YES	NO	During period of strong emotion, do you tend to collapse?
YES	NO	During your day, do you usually experience the urge to nap?
YES	NO	Do you currently have high blood pressure?
YES	NO	Do you currently have any heart problems?
YES	NO	Do you currently have diabetes?