

Sleep Study Questionnaire

Please answer Yes or No to each question

- 1) Do you snore or have you been told you snore? _____
- 2) Are you ever tired during the day? _____
- 3) Do you ever wake up with headaches in the morning? _____
- 4) Have you been told you gasp for air or awaken suddenly in your sleep? _____
- 5) Have you been told to wear CPAP or do you wear CPAP? _____
- 6) Do you have a history of hypertension? _____
- 7) Have you ever been asked to or have you taken a sleep study? _____

Additional Concerns:

Signature: _____

Date: _____

Office Use Only:

_____ **Yes** _____ **No**