



SNORING/SLEEP APNEA QUESTIONNAIRE

	<u>YES</u>	<u>NO</u>
1. Have you been told that you snore?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you awaken refreshed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you awaken multiple times during the night?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been diagnosed with high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a sleep study done by a medical doctor?	<input type="checkbox"/>	<input type="checkbox"/>
6. If so, was your sleep study conducted in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been diagnosed with sleep apnea?	<input type="checkbox"/>	<input type="checkbox"/>
8. If so, do you currently use a CPAP or BiPAP machine for sleep?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you routinely compliant with CPAP/BiPAP use?	<input type="checkbox"/>	<input type="checkbox"/>
If not, are you interested in an oral sleep apnea appliance as a possible alternative?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a follow-up sleep study ever been completed to calibrate your CPAP/BiPAP?	<input type="checkbox"/>	<input type="checkbox"/>

***Not all snorers have sleep apnea,
but ALL sleep apnea patients do snore!***