

# sleep apnea

Answer “Yes” or “No” to the following questions and  
add up your points for the questions answered “Yes”  
Find your Risk Factor with your score below

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- ☐ Y ☐ N      8 Have you ever been told you stop breathing while asleep?
- ☐ Y ☐ N      6 Have you ever fallen asleep or nodded off while driving?
- ☐ Y ☐ N      6 Have you ever woken up suddenly with shortness of breath,  
gasping or with your heart racing?
- ☐ Y ☐ N      4 Do you feel excessively sleepy during the day?
- ☐ Y ☐ N      4 Do you snore or have you ever been told that you snore?
- ☐ Y ☐ N      2 Have you had weight gain and found it difficult to lose?
- ☐ Y ☐ N      2 Have you taken medication for, or been diagnosed with high  
blood pressure?
- ☐ Y ☐ N      3 Do you kick or jerk your legs while sleeping?
- ☐ Y ☐ N      3 Do you feel burning, tingling, or crawling sensations in your  
legs when you wake up?
- ☐ Y ☐ N      3 Do you wake up with headaches during the night or in the  
morning?
- ☐ Y ☐ N      4 Do you have trouble falling asleep?
- ☐ Y ☐ N      4 Do you have trouble staying asleep once you fall asleep?

Low 0-7	Moderate 8-11	High 12-15	Severe 16+
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