

SNORING IS NO JOKE!

30 MILLION NORTH AMERICANS SUFFER FROM LIFE THREATENING SLEEP APNEA AND DON'T KNOW IT!!

If you or a loved one snores, it is important for you to know all the frightening facts
About sleep apnea and its devastating effect on your health and well-being.

- * Extreme Fatigue
- * Irritability
- * Impotence
- * Heart Problems

- * Morning Headaches
- * High Blood Pressure
- * Lack of Concentration
- * Emotional Disturbances

NAME: _____ AGE: _____ TODAY'S DATE: _____

1. Have you ever been told you snore? Y N
2. How long have you been aware of your snoring? _____
3. Has it caused problems for relatives or friends? Y N
4. Have you been told your breathing stops while sleeping? Y N
5. Have you been told you move a lot while asleep? Y N
6. How many times per night do you wake up? _____
7. Do you have any difficulty falling asleep at night? Y N
8. How many hours of sleep per night do you get? _____
9. Do you often wake up with a headache? Y N
10. Do you most often wake up feeling tired OR refreshed? _____
11. Do you have any difficulty breathing through your nose? Y N
12. Have you had a sleep study? Y N
13. Do you frequently feel sleepy during the day? Y N Occasionally? Y N Seldom or never? Y N
14. Do you work shift work? Y N
15. Have you seen a Doctor about your snoring or sleep apnea? Y N
16. Has anyone in your family been diagnosed with a sleep disorder Y N
17. If yes, what type? _____
18. Have you gained weight recently? Y N If so, how much? _____ Present bodyweight _____ Height _____ ft. _____ inches.
19. What professional advice or treatment have you received about your snoring or sleep apnea? _____
20. Do you have heartburn? Y N
21. Do you take antacids? Y N
22. Do you take medication for a Hiatus Hernia? Y N

THE EPWORTH SLEEPINESS SCALE

| * How likely are you to doze off or fall asleep? | 0 Never | 1 Slight | 2 Moderate | 3 High |
|---|--------------------|---------------------|-----------------------|-------------------|
| Sitting and reading | | | | |
| Watching TV | | | | |
| Sitting, inactive in a public place (eg: theatre) | | | | |
| As a passenger in a car for an hour without a break | | | | |
| Lying down to rest in the afternoon when circumstances permit | | | | |
| Sitting and talking to someone | | | | |
| Sitting quietly after a lunch without alcohol | | | | |
| In a car, while stopped for a few minutes in traffic | | | | |

In situations where there was a risk to you or others. Give examples: