WAINRIGHT WASSEL DDS

SLEEP APNEA SCREENING QUESTIONNAIRE

Answer the following questions by checking the box that applies.

Do you snore?	Yes ☐	No ☐
Do you often feel tired, fatigued, or sleepy during the daytime?	Yes ☐	No ☐
Has anyone noticed that you stop breathing during sleep?	Yes ☐	No ☐
Do you have, or are you being treated for, high blood pressure?	Yes ☐	No ☐

Comments:

_____ Print Name

_____ Signature

_____ Date