Sleep Disorders Screening

Are You Experiencing Any Of The Following?	YES	NO
Loud snoring	❑	❑
Excessive daytime sleepiness	❑	❑
Nighttime bedwetting	❑	❑
Nighttime sweating	❑	❑
Memory loss/impairment	❑	❑
Nighttime awakenings/insomnia	❑	❑
Job performance issues from sleepiness	❑	❑
Falling asleep at stop signs and lights	❑	❑
Waking up coughing/choking/heartburn	❑	❑
Morning headaches	❑	❑
High blood pressure and/or diabetes	❑	❑
Swelling in legs and/or ankles/feet	❑	❑

*If you answered **YES** to any **2 or more** questions, you may have a sleep-related breathing disorder. Discuss this questionnaire with your physician.*

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Sleep Disorders Center

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