

DO I SNORE 50

It is very important for you to be as accurate as possible in answering the following questions. The purpose of this questionnaire is to get a total picture of your background and the nature of your present problem. Please complete these questions as thoroughly as you can. This Information will be held in the strictest confidence.

D - Disease - have you been diagnosed with a-fib, stroke, or hypertension?

O - Observed Apnea - Has anyone observed you stop breathing or choking/gasping during your sleep?

I - Insomnia - Do you wake up multiple times during the night?

S - Snore - Do you snore?

N - For males - Is your neck circumference greater than 17 inches?

For females - Is your neck circumference greater than 16 inches?

O - Obesity - Is your BMI greater than 32?

R - R you male?

E - Do you have excessive daytime sleepiness or do you feel tired during the day?

For general population

At Risk: Yes to $\geq 4 < 5$ questions

High Risk: Yes to $\geq 6 - 9$ questions

*If you have 4 or more answers that are yes we recommend that you to schedule an appointment with a sleep specialist.

Greater Charlotte Teammates: 704-510-9990

Wake Forest Baptist Teammates: 336-716-5555

Navicent Teammates: 478-776-4676

Floyd Teammates: 706-509-5160