

# DO YOU HAVE \_\_\_\_\_ SYMPTOMS \_\_\_\_\_ OF OSA?



DO YOU \_\_\_\_\_?

- Snore
- Stop breathing while sleeping



HAS YOUR SLEEPINESS EVER \_\_\_\_\_?

- Resulted in a car crash
- Led to a near-miss while driving



AT NIGHT, DO YOU:

- Wake up gasping or choking?
- Have frequent awakenings?
- Wake up to go to the bathroom?



DURING THE DAY, DO YOU:

- Feel sleepy or "doze off" without meaning to?
- Have headaches in the morning?
- Have difficulty with memory or concentrating?

## AT RISK CHECKLIST *(Check all that apply)*

- Overweight or obese  
(Body mass index (BMI) > 30)
- High blood pressure
- Neck size > 17 inches for men
- Neck size > 16 inches for women
- Coronary artery disease or heart attack
- Atrial fibrillation or other heart rhythm problems
- Congestive heart failure
- Type 2 diabetes
- Stroke
- Sleepy during the day



**IF YOU CHECKED SOME OF THESE BOXES, ASK YOUR DOCTOR IF YOU SHOULD BE EVALUATED FOR SLEEP APNEA OR ANOTHER SLEEP DISORDER.**