

Quick Sleep Apnea Screen

By Dr. Terry M. Brown
 Medical Director, St. Joseph Sleep Disorders Center

Instructions: Circle the number that is most correct for the symptom asked about.

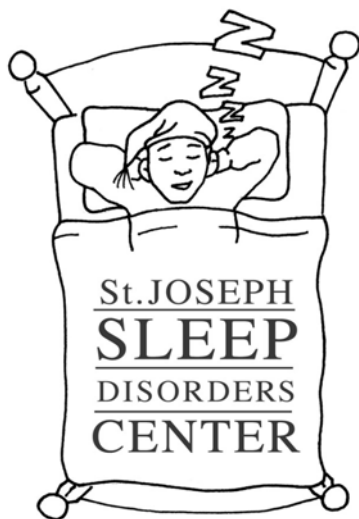
	Rarely		Sometimes		Frequently
Has anyone complained about your snoring?	1	2	3	4	5
Has anyone told you that you stopped breathing in your sleep?	1	2	3	4	5
Do you get sleepy when not moving around or when not active?	1	2	3	4	5
Do you wake up with headaches?	1	2	3	4	5
Do you have high blood pressure?	1	2	3	4	5
Do you wake up with a dry mouth?	1	2	3	4	5
Do you have night sweats?	1	2	3	4	5
Do you feel unrefreshed when you awaken from sleep?	1	2	3	4	5
Do you have swelling of your ankles or legs?	1	2	3	4	5
Do you feel tired?	1	2	3	4	5

Total up all the numbers you circled and place the number here _____

Key: If all the numbers you circled add up to 25 or more, you have a good chance of having significant Obstructive Sleep Apnea Syndrome. An overnight sleep study is the only way to prove if you have Obstructive Sleep Apnea Syndrome. This screening tool does not rule out the possibility that a separate sleep disorder exists since the symptoms of several sleep disorders do overlap.

For more information about sleep studies call the number below.

The screening tool is for educational purposes only. It is your responsibility to discuss this and all health matters with your physician.



Sleep Disorders Center
 2 South Hospital Drive
 618.684.3156 ext. 55488
 www.sih.net


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