



**Sleep HealthCenters®**

*Better Sleep. Better Health.*

## **ARE YOU AT RISK?**

### Screening for Obstructive Sleep Apnea

**1. Do you snore most nights (more than 3 times/week)?**

Yes (2) No (0)

**2. Is your snoring so loud it can be heard through a door or wall?**

Yes (2) No (0)

**3. Have you ever been told that you stop breathing or gasp during sleep?**

Never (0) Occasionally (3) Frequently (5)

**4. What is your collar size?**

Male: less than 17 inches (0) 17 inches or greater (5)

Female: less than 16 inches (0) 16 inches or greater (5)

**5. Have you had or are you currently being treated for high blood pressure?**

Yes (2) No (0)

**6. Do you occasionally doze or fall asleep during the day when:**

a) You are not busy or active? Yes (2) No (0)

b) You are driving or stopped at a light? Yes (2) No (0)

### **Score:**

<b>9 Points or More</b>	<b>6-8 Points</b>	<b>5 Points or Less</b>
You have a high probability of having sleep apnea – you should see a sleep doctor.	Talk to your doctor about whether you need further evaluation.	You have a low probability of having sleep apnea.

For questions and referrals, call toll free or visit our website.

**877-SLEEPHC (877-753-3742)**

**[www.sleephealth.com](http://www.sleephealth.com)**



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## **DO YOU SNORE?**

Obstructive Sleep Apnea

**Sleep apnea is a common disorder that causes a frequent closing of the throat while sleeping.**

### **Symptoms of sleep apnea may include:**

- ▶ Snoring
- ▶ Daytime sleepiness
- ▶ Waking up gasping for breath
- ▶ Long pauses in breathing during sleep

### **Left untreated, sleep apnea may cause:**

- ▶ Sleep disruption
- ▶ Lack of energy
- ▶ Poor job performance
- ▶ Decreased quality of life
- ▶ Increased motor vehicle accidents

### **Sleep apnea may contribute to:**

- ▶ High blood pressure
- ▶ Weight gain
- ▶ Diabetes
- ▶ Heart attack
- ▶ Stroke

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