WHAT IS YOUR RISK FOR SLEEP APNEA?

- ☐ Daytime Sleepiness
- ☐ Overweight
- ☐ Stop Breathing at Night
- ☐ Frequent/Loud Snoring
- ☐ Gasp or Choke at Night
- ☐ Neck ≥ 17”M or ≥ 16”F
- ☐ Morning Headaches
- ☐ High Blood Pressure
- ☐ Type 2 Diabetes
- ☐ Acid Reflux/Heartburn
- ☐ Grinding Teeth at Night
- ☐ Memory/Mood Problem
- ☐ Atrial Fibrillation
- ☐ History of Stroke or TIA
- ☐ Male Age Over 50
- ☐ Recent Traffic Accident
- ☐ Restless Legs/Cramps
- ☐ Insomnia
- ☐ Close Relative Has OSA
- ☐ Erectile Dysfunction (ED)

IF YOU CHECK ANY YOU MAY BE AT RISK!!

Discuss this with your doctor if you think that you are at risk