

Sleep Questions

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| 1. Do you snore or have you been told you snore? | YES / NO |
| 2. Have you been diagnosed with sleep apnea? | YES / NO |
| 3. Do you wear a CPAP? | YES / NO |
| • Have you worn one in the past? | YES / NO |
| • Have you been told to? | YES / NO |
| 4. Have you had a sleep study? | YES / NO |
| • Have you been told you need a sleep study? | YES / NO |