**Snore Quiz**

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|  | **Circle your response** | |
| Do you snore loudly enough to be heard through closed doors or does your bed-partner elbow you for snoring at night? | **Yes** | **NO** |
| Do you often feel tired, fatigue or sleepy during the daytime (such as falling asleep while driving)? | **Yes** | **NO** |
| Has anyone observed you stop breathing or choking/gasping during your sleep? | **Yes** | **NO** |
| Do you have or are you being treated for high blood pressure? | **Yes** | **NO** |
| Body Mass Index. Do you weigh more than 10% over your ideal weight? | **Yes** | **NO** |
| Are you 50 years of age or older? | **Yes** | **NO** |
| Neck Size. Males, is your collar size 17inches or larger?  Females, is your collar size 16 inches or larger? | **Yes** | **NO** |
| Are you Male? | **Yes** | **NO** |
| **Total the number responses in each column** |  |  |

**Key:  High risk** of obstructive sleep apnea if you **answered yes to 3 or more items**

Low risk of obstructive sleep apnea if you answered yes to less than 3 items

Bring this form, with you to your appointment for a diagnostic interpretation   
**Call to schedule a consultation 604-520-9439.**