

Sleep apnea quiz

If you answer yes to three or more the following symptoms, you show signs of sleep apnea. Please consult your physician for further information or contact the [Respiratory Therapy Department](#) at [740.845.7370](tel:740.845.7370).



1. I've been told that I snore. YES NO

2. I've been told that I stop breathing while I sleep although I don't remember this when I wake up. YES NO

3. I have high blood pressure. YES NO

4. My friends and family say that they have noticed changes in my personality. YES NO

5. I am gaining weight. YES NO

6. I sweat excessively during the night. YES NO

7. I have noticed my heart pounding or beating irregularly during the night. YES NO

8. I get morning headaches. YES NO

9. I have trouble sleeping when I have a cold. YES NO

10. I suddenly wake up gasping for breath during the night. YES NO

11. I am overweight. YES NO

12. I feel sleepy during the day even though I slept through the night. YES NO