

SLEEP APNEA RISK ASSESSMENT

- **Do you snore loudly on most nights?**
- **Are you often tired after sleeping?**
- **Have you been told that you frequently gasp, snort, or stop breathing during sleep?**
- **Have you ever “nodded off” or fallen asleep while driving?**
- **Do you have high blood pressure?**
- **Do you have diabetes?**
- **Are you overweight or considered obese?**
- **Do you have a large neck?**
 - **Greater than 17 inches (male) or greater than 16 inches (female)**

Check all the questions that apply to you.
A checkmark is a “yes” response.

After completing this form, please review your responses with your doctor or contact the *Center for Sleep* at 615.284.7537

Thank You!