

# Palmetto Family Sleep Lab

Phone: 803.256.2286 ext. 300  
109 Barton Creek Court Columbia, SC 29229

## Sleep Apnea Screening

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

1. Has your bed partner witnessed you choking, gasping or holding your breath during sleep?      Yes   No

2. Do you feel tired (non-refreshed) in the morning after a full night's sleep?      Yes   No

3. Do you have headaches in the morning?      Yes   No

4. Do you fall asleep easily during your waking hours?      Yes   No

5. Are you a loud, habitual snorer?      Yes   No

6. Do you suffer with poor concentration, irritability, or depression?      Yes   No

(Sleep Apnea Screening Short)

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