Visual Indications—Increased Risk of OSA

- ☐ Enlarged/Scalloped Tongue
- ☐ Retruded Lower Jaw
- ☐ High Arching Hard Palate
- ☐ Bruxism
- ☐ Gastroesophageal Reflux
- ☐ Enlarged Tonsils

- ☐ Have you ever been diagnosed with a sleep disorder?
- ☐ Are you currently using a CPAP machine?
- ☐ Do you use it every night?

AASM—Risk of OSA

This questionnaire was developed based upon the published findings of the American Academy of Sleep Medicine (AASM). The purpose of this questionnaire is to aid a qualified medical professional in identifying possible symptoms of a sleep disorder and is not meant to be used as a substitute for any diagnostic procedure.

Y / N	8	Have you ever been told you stop breathing while asleep?
Y / N	6	Have you ever fallen asleep or nodded off while driving?
Y / N	6	Have you ever woken up suddenly with shortness of breath, gasping or with your heart racing?
Y / N	4	Do you feel excessively sleepy during the day?
Y / N	4	Do you snore, or have you ever been told that you snore?
Y / N	2	Have you had weight gain and found it difficult to lose?
Y / N	2	Have you taken medication for, or been diagnosed with high blood pressure?
Y / N	3	Do you kick or jerk your legs while sleeping?
Y / N	3	Do you feel burning, tingling or crawling sensations in your legs when you wake up?
Y / N	3	Do you wake up with headaches during the night or in the morning?
Y / N	4	Do you have trouble falling asleep?
Y / N	4	Do you have trouble staying asleep once you fall asleep?
		Score and Risk Factor

Low	Moderate	High	Severe
0-7	8-11	12-15	16+